This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

No.

BOSTON
MEDICAL LIBRARY
ASSOCIATION,
19 BOYLSTON PLACE,

Received June 20, 1884.

By ~~Gift of~~ Exchange.

K. C. Clapp
Boston

A. D. WILSON. M.D.
Late of New York City.

C. Van Benthuysen, Albany

E.E.Richardson.

TRANSACTIONS

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

BOSTON MEDICAL LIBRARY ASSOCIATION.

STATE OF NEW YORK,

FOR THE YEAR 1865.

E.E.Richardson.

ALBANY:
C. WENDELL, PRINTER.
1865.

Dup. 380720

State of New York.

No. 161.

IN ASSEMBLY,

April 3, 1865.

THIRD ANNUAL REPORT

OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Hon. GEORGE HOSKINS,

Speaker of the Assembly:

SIR—We have the honor herewith to transmit the Third Annual Report of the Transactions of the Homœopathic Medical Society of the State of New York, for the year 1865.

We have the honor to be,

Very respectfully,

Your obedient servants,

HORACE M. PAINE,

H. BARTON FELLOWS,

Secretaries.

ALBANY, *April* 3, 1865.

The following papers and communications have been submitted to the Committee of Publication, and have received their approval.

HENRY D. PAINE,
E. DARWIN JONES,
HORACE M. PAINE,
Committee.

TABLE OF CONTENTS.

I. PROCEEDINGS OF MEETINGS AND ADDRESS.

ART. PAGE.

1. Proceedings of the Thirteenth Annual Meeting, held May 10 and 11, 1864 1
2. Proceedings of the Fourteenth Annual Meeting, held February 14 and 15, 1865 18
3. Address before the Homœopathic Medical Society of the State of New York, delivered May 10, 1864, and February 14, 1865. By Henry D. Paine, M. D., President 32

II. PAPERS CONTRIBUTED BY HONORARY MEMBERS.

4. Communications entitled:
   - A. Anchylosis of the tempero-maxillary articulation.
   - B. Amputation of the tongue.
   - C. Stricture of the œsophagus.
   - D. Extirpation of the nasal process of the superior maxillary bone.
   - E. Restoration of a portion of the upper lip.
   - F. Extirpation of the entire half of the inferior maxillary bone.
   - G. Caries of the elbow joint. Successful amputation.
   - H. Rare case of hepatic abscess.

   By William Tod Helmuth, M. D., of St. Louis, Professor of Surgical Anatomy in the Homœopathic Medical College of Missouri..... 52
5. Importance of Pathological Indications in the Selection of Remedies, illustrated by the action of Tartar Emetic. By Edwin M. Hale, M. D., Professor of Materia Medica and Therapeutics, in the Hahnemann Medical College, Chicago, Ill..... 85
6. Introduction and Progress of Homœopathy in Massachusetts. By I. T. Talbot, M. D., of Boston 92

III. REPORTS AND COMMUNICATIONS PRESENTED AT MEETINGS OF THE STATE MEDICAL SOCIETY.

7. Report of the Committee on Epidemics for the Fifth Judicial District, appointed May 10, 1864. Epidemic Diphtheria and Rubeola in Onondaga county. By A. R. Morgan, M. D., of Syracuse..... 95
8. Report of the Committee on Epidemics for the Seventh District. Epidemic Dysentery in Monroe and adjoining counties. By Edwin R. Heath, M. D., of Palmyra..... 98
9. Report of the Committee on Epidemics, in the Eighth District. Dysentery in the county of Niagara. By D. F. Bishop, M. D., of Lockport 100
10. Report on Materia Medica. Proving of Rhus Vernix. By Lyman Clary, M. D., of Syracuse 102
11. Report on Mat. Medica. Proving of Apis. By A. R. Morgan, M. D., of Syracuse... 104
12. Scabies. By A. R. Morgan, M. D., of Syracuse..... 105
13. Remarks on Scabies. By Carroll Dunham, M. D., of New York..... 113
14. Report on Clinical Medicine. Case of Hydrocele, Cured by a Single Remedy of High Potency. By E. A. Munger, M. D., of Waterville..... 118
15. Report on Clinical Medicine. Cases of Scrofulous Ophthalmia, resulting in Ulceration of the Cornea. By E. A. Munger, M. D., of Waterville 119
16. Congenital Occlusion of the Rectum. By Jacob Beakley, M. D., of New York, Professor of Surgery in the New York Homœopathic Medical College..... 121
17. Fifth Annual Commencement of the New York Homœopathic Medical College. Report by Professor Jacob Beakley, M. D., of New York..... 129
18. First Annual Report of the New York Medical College for Women. By the Dean, I. M. Ward, M. D., of New York 131
19. Appointment of Homœopathic Physicians as Medical Examiners by Life Insurance Companies. A Report, by William A. Hawley, M. D., of Syracuse..... 134
20. Biographical Notice of Ira R. Adams, M. D. By Jacob Beakley, M. D., of New York. 136

IV. REPORTS AND COMMUNICATIONS PRESENTED BY SECRETARIES OF COUNTY MEDICAL SOCIETIES.

ALBANY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

21. List of Officers, Delegates, Committees and Members, 1861–65 138
22. Action of the Society with reference to a Testimonial to Dr. W. T. G. Morton..... 139
23. Action of the Society with reference to the Establishment of a Hom. Dispensary..... 140
24. Report on Drug Proving. Importance of an Extensive and Uniform System of Drug Proving. By Horace M. Paine, M. D., of Albany..... 141

BROOME COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

25. List of Officers, Delegates and Members, 1864–65..... 144
26. Allopathy *versus* Homœopathy in Broome County. Proceedings of a Special Meeting of the Broome County Hom Med. Society. By T. L. Brown, M, D., of Binghamton. 144
27. Comparative Mortality Statistics, showing the success of the Homœopathic System of Practice. By T. L. Brown, M. D., of Binghamton 149

CAYUGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

28. List of Officers, Delegates, Committees and Members, 1864–65 151
29. Report of the Cayuga County Homœopathic Medical Society, comprising:
A. Proceeding of the Fifth Annual Meeting, held June 22, 1864.
B. Proceedings of a Quarterly Meeting, held September 13, 1864.
C. Proceedings of the Sixth Annual Meeting, held June 13, 1865.
By the Secretary, C. W. Boyce, M. D. of Auburn 153
30. Introduction and Progress of Homœopathy in Cayuga County. By H. Robinson, Sen., M. D., of Auburn, ... 159
31. Enlargement of the Materia Medica. A Report by H. Barton Fellows, M. D., of Sennett 164
32. Report on Mat. Med. Proving of Lachesis. By H. Barton Fellows, M. D., of Sennett. 167
33. Report on Mat. Med. Poisoning by Phosphorus. By E. R. Heath, M. D., of Palmyra. 169
34. Report on Clin. Med. Case of Pterygium. By Carroll Dunham, M. D., of New York. 171
35. Report on Clin. Med. Cases of Uterine Catarrh. By C. W. Boyce, M. D., of Auburn. 173
36. Report on Clinical Medicine. Catarrh. By C. W. Boyce, M. D., of Auburn..... 175
37. Report on Clin. Med. Cases from Practice. By A. J. Brewster, M. D., of Cato.... 178
38. Report on Clinical Medicine. Cases from Practice. By C. E. Swift, M. D., of Auburn. 182
39. Report on Clinical Medicine. Cases of Anasarca. By H. Robinson, Sen., of Auburn. 184
40. Report on Clinical Medicine. Case of Phlebitis. By H. Robinson, Jr., of Auburn .. 185
41. Report on Clin. Med. Case of Epididymitis. By H. D. Paine, M. D., of New York.. 186

COLUMBIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

42. List of Officers, Delegates, Committees and Members..... 187

CHAUTAUQUA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

43. List of Officers, Delegates, Committees and Members, 1865 188
44. Introduction and Progress of Homœopathy in Chautauqua County. By Elial T. Foote, M. D., of New Haven, Conn..... 189

DUTCHESS COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

45. List of Officers, Delegates, Committees and Members, 1861–64 197
46. Report of the Dutchess County Homœopathic Medical Society, comprising:
A. Proceedings of the Sixth Meeting, held ———, 1864.
B. Proceedings of the Annual Meeting, held November 30, 1864.
C. Proceedings of the Semi-Annual Meeting, held April 4, 1865.
By the Secretary, John Hornby, M. D., of Poughkeepsie 199
47. Introduction and Progress of Homœopathy in Dutchess County. By Jesse F. Merritt, M. D., of Staatsburgh..... 203
48. Report on Clin. Medicine. Enteric Fever. By J. F. Merritt, M. D., of Staatsburgh. 213
49. Report on Clinical Medicine. Gelseminum in the Treatment of Typhoid Fever. By Federal Vanderburgh, M. D., of Rhinebeck 221
50. Report on Clin. Medicine. Surgical Cases. By J. Hornby, M. D., of Poughkeepsie.. 223
51. Report on Clinical Medicine. Cases from Practice. Diseases Peculiar to Women and Children. By John Hornby, M. D., of Poughkeepsie..... 226

ERIE COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

52. List of Officers, Delegates and Members, 1864–65..... 232
53. Lachesis in the treatment of Pneumonia. By L. M. Kenyon, M. D., of Buffalo..... 233

HAHNEMANN ACADEMY OF MEDICINE.

55. List of Officers, Honorary, Corresponding and Resident Members, 1864–65..... 235
56. The Plan of the Campaign, and the Elements of Victory. An Address before the Hahnemann Academy of Medicine. By F. W. Hunt, M. D., of New York..... 237

HOMŒOPATHIC MEDICAL SOCIETY OF NORTHERN NEW YORK.

56. List of Officers, Committees and Members, 1865..... 247
57. Proceedings of the Semi-Annual Meeting held in Saratoga, July 12, 1865. By the Secretary, C. H. Carpenter, M. D., of Troy..... 248

58. Address before the Society, July 12, 1865. By W. S. Searle, M. D., of Troy 250
59. Memoir of Richard Bloss, M. D. By B. F. Cornell, M. D., of Moreau Station..... 254

KINGS COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

60. List of Officers, Delegates, Committees and Members, 1864–65 260
61. Report of the Kings County Homœopathic Medical Society, comprising:
A. Proceedings of a Meeting held April 12, 1864.
B. Proceedings of a Meeting held December 6, 1864.
By the Secretary, Bernard Fincke, M. D., of Brooklyn 261
62. Report on Clinical Medicine. Nitrate of Silver in the Treatment of Laryngitis. By William Wright, M. D., of Brooklyn..... 266

LIVINGSTON COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

63. List of Officers, Delegates, Committees and Members, 1864–65 270

MADISON COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

64. List of Officers, Delegates and Members, 1865 271
65. Report of the Madison County Homœopathic Medical Society, comprising:
A. Proceedings of the First Meeting, held January 4, 1865.
B. Proceedings of the Second Meeting, held June 27, 1865.
By the Secretary, George B. Palmer, M. D., of East Hamilton..... 272
66. Report on Clinical Medicine. Pneumonia and its Appropriate Treatment. By George B. Palmer, M. D., of East Hamilton 275

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

67. List of Officers, Delegates, Committees and Members, 1864–65 278
68. Schedule of Prices for Medical Services, adopted by the Society, December, 1863..... 280
69. Report on Clinical Medicine. Pathology of the Nasal Passages. By T. F. Allen, M. D., of New York..... 281
70. Memorial of the late Abraham D. Wilson, A. M., M. D., an Address before the Society, by John F. Gray, M. D., of New York, delivered April 10, 1865..... 297

ONEIDA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

71. List of Officers, Delegates, Committees and Members, 1864–65 308
72. Report of the Oneida County Homœopathic Medical Society, comprising:
A. Proceedings of the Seventh Semi-Annual Meeting, held June 21, 1864.
B. Proceedings of the Eighth Annual Meeting, held October 18th, 1864.
C. Proceedings of the Eighth Semi-Annual Meeting, held June 20, 1865.
By the Secretary, M. M. Gardner, M. D., of Holland Patent..... 311
73. Report on Epidemics in Cayuga County. By C. William Boyce, M. D., of Auburn... 321
74. Report on Epidemics in Jefferson County. By L. B. Waldo, M. D., of Adams..... 323
75. Rep. on Mat. Med. Proving of Phytolacca Decandra. By W. Warren, M.D., of Boonville 324
76. Report on Mat. Medica. Proving of Baptisia. By H. Hadley, M. D., of Boonville... 325
77. Report on Clin. Med. The Basis of Treatment. By C. Dunham, M. D., of New York. 326

ONONDAGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

78. List of Officers, Delegates, Committees and Members, 1864 329
79. Report of the Onondaga County Homœopathic Medical Society, comprising:
A. Proceedings of the Semi-Annual Meeting, held October 18, 1864.
B. Proceedings of the Third Annual Meeting, held May 2, 1865.
By the Secretary, W. A. Hawley, M. D., of Syracuse 331
80. Tabular List of Homœopathic Physicians in Onondaga County, from 1842 to 1865. By A. R. Morgan, M. D., of Syracuse..... 336
81. Report on Clinical Medicine. Unequal Development of Twins. By B. B. Schenck, M. D., of Plainville..... 336
82. Report on Clin. Med. Case of Phthisis. By W. A. Hawley, M. D., of Syracuse.... 337

OSWEGO COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

84. List of Officers, Delegates, Committees and Members, 1864–65 340
85. Report of Oswego County Homœopathic Medical Society, comprising:
A. Proceedings of the Fourth Annual Meeting, held May 5, 1864,
B. Proceedings of the Fourth Semi-Annual Meeting, held December 13, 1864.
C. Proceedings of the Fifth Annual Meeting, held May 9, 1865.
By the Secretary, T. Dwight Stow, M. D., of Fulton 341
86. Schedule of Prices for Medical Services, adopted by the Society January, 1865 346
87. Report on Clin. Medicine. Cases from Practice. By T. D. Stow, M. D , of Fulton.. 347

OTSEGO COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

88. List of Officers, Delegates, Committees and Members, 1864-65 351
89. Report of the Otsego County Homœopathic Medical Society, comprising:
A. Proceedings of the Fourth Annual Meeting, held June 8, 1864.
B. Proceedings of the Fifth Annual Meeting, held June 14, 1865.
By the Secretary, S. C. Warren, M. D., of Otego..... 352
90. Report on Clinical Medicine. Case of Paralysis. By S. C. Warren, M. D., of Otego. 355

RENSSELAER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

91. List of Officers, Delegates and Members, 1865 357
92. Notes on the New Remedies. By William S. Searle, M. D., of Troy 357

SARATOGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

93. List of Officers, Delegates and Members, 1864 364

STEUBEN (CHEMUNG) COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

94. List of Officers, Delegates, Committees and Members, 1865 365
95. Introduct'n and Progress of Hom. in Schuyler co. By E. W. Lewis, M.D., of Watkins. 366

ULSTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

96. List of Officers, Delegates, Committees and Members, 1865 371
97. Proceedings of the First Meeting, held May 10, 1865. By the Secretary, E. Hasbrouck, M. D., of Modena 372

WASHINGTON COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

98. List of Officers, Delegates and Members, 1865 373
99. Proceedings of the First Meeting, held January 25, 1865. By the Secretary, H. J. Ward, M. D., of North Granville 373

WAYNE COUNTY HOMŒOPATHIC MEDICAL SOCIETY,

100. List of Officers, Delegates, Committees and Members, 1864–65 375
101. Report of the Wayne County Homœpathic Medical Society, comprising,
A. Proceedings of the First Annual Meeting, held June 7, 1864.
B. Proceedings of the First Semi-Annual Meeting, held December 6, 1864.
C. Proceedings of the Second Annual Meeting, held June 13, 1865.
By the Secretary, E. R. Heath, M. D., of Palmyra 377

WESTCHESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

102. List of Officers, Delegates, Committees and Members, 1865 381
103. Report of the Westchester County Hom. Med. Society. Proceedings of the First Meeting, held February 1, 1865. By the Secretary, T. C. Fanning, M. D., of Tarrytown 382

V. MISCELLANEOUS PAPERS AND TABLES.

104. Papers showing the Present Position of the Allopathic *Branch* of the Regular Medical Profession, with reference to the Hom. School. Also, the Success and Superiority of the Hom. System of Practice. Selected by H. M. Paine, M. D., of Albany.
A. Intolerance of the Allopathic School.
American Medical Association.
College of Surgeons, Dublin.
Medicine and Politics.
B. Mortality in the Army and Navy, due to Allopathic Medication.
C. A London Life Assurance Co. converted to Hom. by the Evidence of Statistics.
The Hahnemannian Life Insurance Company.
D. Statistics of Homœopathic and Allopathic Hospitals. By E. C. Franklin, M. D., of St. Louis, Mo.
E. Homœopathy. Translation from the Swiss "Bund." 383
105. Circular addressed to the Homœopathic Medical Profession of the State of New York. By the Secretaries of the State Med. Society: H. Barton Fellows, M. D., Cor. Secretary; H. M. Paine, M. D., 104 State street, Albany, N. Y., Rec. Secretary 401
106. Circular addressed to the Homœopathic Medical Profession of the State of New York. By the Treasurer of the State Medical Society, L. B. Wells, M. D 405
107. Importance of Organising County Homœopathic Medical Societies. Summary of Legal Requirements to be Observed 405
108. Constitution and By-Laws of the Hom. Medical Society of the State of New York 407
109. Classification of Counties, with reference to the Election of Delegates 412
110. List of Honorary Members 413
111. Senatorial District List of Permanent Members 414
112. Judicial District List of Delegates 417
113. Officers of the State Hom. Med. Society, from its Organization, in 1850, to 1865 422
114. Table of Annual and Regular Meetings of County Homœopathic Medical Societies .. 425

BOSTON MEDICAL LIBRARY ASSOCIATION.

REPORT.

ARTICLE I.

Homœopathic Medical Society of the State of New York. Proceedings of the Thirteenth Annual Meeting.

The thirteenth annual meeting of the Society was held in the City Hall, at Albany, May 10th and 11th, 1864.

The meeting was called to order at a few minutes past ten o'clock, A. M., by the President, Dr. HENRY D. PAINE.

The President opened the sessions of the Society by delivering the following introductory address:

Gentlemen of the State Homœopathic Medical Society: It is nearly forty years since Gram first announced, in the city of New York, the new doctrine of Homœopathy. This school of medicine rapidly gained adherents throughout the land, and now numbers its practitioners by thousands, and its lay supporters by millions. At the present day, it has its periodicals, numerous and constantly accumulating publications, besides colleges and local, State and national societies.

Some may urge that if the system is all that its advocates claim, it should before this have gained universal acceptance, have quite overcome the prejudices of its opponents, and taken possession of all posts of honor, influence and emolument.

Forty years is a long time for some purposes, indeed. Wonderful changes have been wrought during the last age. The bare suggestion brings to the mind a multitude of important events that have taken place within the memory of the youngest of us—railroads, telegraphs, daguerreotypes, the growth of the country, and, alas! its fratricidal war.

It is true that for several years after the advent of Gram, almost no impression was made upon the mind of the medical or lay public. Gray, Wilson, Hull and Channing were the only other physicians during these years, in the city of New York, who openly adopted the dogma upon which our system is based, and even they were too many for the popular demand. The early converts to the system not only lost caste among their brethren, and were denied the courtesies that are customary among the faculty, but for a time also lost a large share of their patronage. So far from any encouragement to seekers after a better way, there was only the prospect of professional dishonor, and the loss of practice for any physician who had the temerity to avow himself a Homœopathist.

Besides, there were few opportunities for learning the resources and claims of the new method. At that time, the only works expository of the system were in the German language, then much less studied even than now, and it was not until 1832 or 1833 that a translation of the Materia Medica Pura of Hahnnemann into the French language, made that fundamental treatise accessible to a large class of readers; and it was yet two or three years later, before that and other necessary works were rendered into English.

Account should also be taken of the fact that the medical colleges, hospitals, institutions and societies, were, as they still are to a great extent, almost unanimously opposed from the first to any recognition of the new school, and steadily and persistently set themselves at work—first to put out its light by the wet blanket of ridicule, and then to crush it by the iron heel of persecution. Every place of honor, trust or influence in the hands of the profession was used against it, and every agency of the press, of the law and of the legislature, was successfully brought to bear upon it, as each succeeding year showed a steady though slow growth, notwithstanding the confident predictions of its speedy and utter downfall.

Bear in mind, also, that the known resources of our new art were comparatively few. The principle which was to guide us in learning the use of every drug and medicinal agent in the cure of the sick, was indeed recognized, and a number of remedies had been most carefully proved, and their proper place in the materia medica assigned to them. With these many brilliant cures were daily effected, but the number of cases met by them was small, and there is still a great work to be accomplished before the full benefit of the system can be exhibited.

To those of us who remember the difficulties under which the first stones of this edifice were laid in this country and State, it seems wonderful that so much should have been accomplished, and the pioneers who, in spite of the contempt, the obloquy and the persecution of their fellows, and suffering also pecuniary sacrifices, still persevered in proclaiming their acceptance of this new truth, seemed endowed with a moral courage and heroism that places them among the nobility of the profession.

Although societies and associations of Homœopathic physicians, for mutual conference and improvement, were formed at an early day, yet there was never, as far as I know the sentiment of the fraternity, any intention of cutting ourselves loose from the profession, setting up separate and rival organizations. The demand we have made for a special legal recognition, as in the organization of our county societies, our colleges, and this State institution, endowed with the same rights and privileges granted to other similar bodies, has been in a measure forced upon us by the refusal of our former brethren to fraternize with any who dared to add to the knowledge they already possessed, a practical acquaintance with Homœopathy.

To preserve our self-respect, and in fact to maintain the status in the profession which is ours by virtue of the diplomas we held from the regular Allopathic Colleges, but which no longer shielded us from the ban of repudiation, we have been forced to invest our societies with the same

powers as others, and to establish schools for the purpose of teaching the truths of Homœopathy.

Recognizing the dignity and antiquity of the profession, and the humane objects which it has constantly in view, it was no wish of ours to create a schism in the body. We would have been content to retain our membership in the ordinary legal organizations, and quietly pursue our calling—content to abide the verdict of time and experience in establishing the claims of our art as a great advancement upon previous or existing modes of cure. For many years, and until we had colleges of our own, all the reputable practitioners of Homœopathy were graduates or licentiates of the regular and legalized colleges or societies; many of whom were honored and successful members of the profession before they adopted the new system. But the discourtesy with which we were too often treated, and the hostile attitude assumed in respect to the system, has compelled us to form associations for ourselves, for our mutual improvement and protection, and for the discussion and consideration of numerous questions of practice and theory relating to our great reform, which still require for their settlement the co-operation of many minds.

This is the position of our State society, and we are again assembled to promote, according to our ability, the improvement of our art.

Clothed with ample power by the laws of the State, it is left for us to use these advantages with judgment, zeal, and conscientiousness.

Two members of the executive committee being absent, Drs. M. M. Gardner and L. B. Waldo were requested by the President to act as a committee on credentials.

The committee soon reported the names of the following gentlemen present as permanent members, delegates, or representatives of county medical societies:

Permanent Members.

Dr. Henry D. Paine	Albany.
Jacob Beakley	New York.
B. F. Cornell	Moreau Station.
E. A. Munger	Waterville.
Lyman Clary	Syracuse.
C. W. Boyce	Auburn.

Delegates.

Albany County	Dr. E. D. Jones, Albany.
	D. Springsteed, do
	J. W. Cox, do
	W. H. Randel, do
Cayuga County	H. B. Fellows, Sennett.
	A. J. Brewster, Cato.
Chautauqua County	Asa S. Couch, Fredonia.
Chenango County	E. W. Rogers, Wayne.
Homœopathic Med. Soc. of Northern New York.	G. H. Billings, North White Creek.
	J. P. Mason, Greenwich.
Kings County	Samuel S. Guy, Brooklyn.
	William Wright, do
	B. Fincke, do

Oneida County.....	M. M. Gardner, Holland Patent.
	W. H. Watson, Utica.
	J. C. Raymond, do
	L. B. Wells, do
Onondaga County.....	A. R. Morgan, Syracuse.
	J. G. Bigelow, do
	W. R. Browne, Homer.
Ontario County.....	O. E. Noble, Penn Yan.
Rensselaer County.	W. S. Searle, Troy.
	R. D. Bloss, do
	C. H. Carpenter, do
Saratoga County.....	S. J. Pearsall, Saratoga Springs.
Wayne County.....	E. R. Heath, Palmyra.

The following gentlemen were present, and on motion of Dr. L. Clary, were invited to participate in the deliberations of the meeting:

Dr. L. B. Waldo.....	Adams, Jefferson County.
T. C. White.....	Rochester, Monroe County.
O. F Searle.....	Utica, Oneida County.
H. M. Paine.....	Clinton, Oneida County.
W. S. Baker.....	Cohoes, Albany County.
Joseph White...	Amsterdam, Montgomery County.

Thirteen societies were represented.

Six permanent members were present.

Twenty-five delegates were present.

Whole number present, thirty-seven.

The society is essentially a representative body. It is composed of delegates from the several county societies in the State. There are at the present time, about twenty such associations, entitled to a representation of seventy members, each county society being entitled to as many delegates as there are Members of Assembly from their respective counties. The State Society is further permitted by statute to increase its numbers by adding sixteen permanent members annually.

The proceedings of the last annual and semi-annual meetings were read, and on motion of Dr. W. H. Watson, adopted.

On motion, Dr. H. B. Fellows, of Sennett, was appointed Assistant Secretary.

The following gentlemen, having been nominated at the last annual meeting, were duly elected honorary members of the Society:

Constantine Hering, M. D., of Philadelphia, Pa.
I. T. Talbott, M. D., of Boston, Mass.
E. C. Witherill, M. D., of Cincinnati, Ohio.

Also, the following persons, nominated at the annual meeting held in May, 1863, were elected permanent members of the society:

Dr. Daniel D. Smith.....	New York.....	1864.
Samuel B. Barlow	do	do
William Wright.....	Brooklyn.....	do
Henry Minton.....	do	do
Lester M. Pratt.....	Albany.....	do
E. D. Jones.....	do	do
David H. Bullard.....	Glens Falls.....	do
Lucien B. Wells.....	Utica.....	do

Horace M. Paine	Clinton	1864
T. S. Bloodgett	Cooperstown	do
G. Z. Noble	Dundee	do
Asa S. Couch	Fredonia	do
D. F. Bishop	Lockport	do

The President appointed Drs. L. Clary, S. S. Guy, and W. H. Watson, a committee to nominate officers for the ensuing year; also Drs. C. W. Boyce, E. D. Jones, and Wm. Wright, a committee to nominate honorary and permanent members.

The Treasurer, Dr. L. B. Wells, presented the following report of receipts and expenditures during the past year:

Report of the Treasurer.

The following statement of receipts and expenditures since the date of the last report, offered at the semi-annual meeting held in Brooklyn, Oct. 13th and 14th, 1863, is hereby presented:

At that meeting, by a generous contribution of the members present, the indebtedness of the society was cancelled, and a balance left in the hands of the Treasurer of two dollars and ninety-five cents.

Receipts.

Contributions of one dollar at the meeting in Brooklyn	$20 00
Contributions from county Homœopathic Medical Societies	36 00
Individual contributions of one dollar each	7 00
Individual contributions of less sums than one dollar	32 70
Amount of postage on copies of Transactions for 1863, returned	9 32
Amount to balance, present debt	3 57
	$108 59

Expenditures.

Paid past indebtedness	$17 05
do postage	33 40
do stationery	10 10
do printing and binding	30 67
do freight and express charges	17 37
	$108 59

On motion of Dr. Couch, the report of the Treasurer was accepted and referred to an auditing committee, consisting of Drs. A. S. Couch and W. S. Searle.

The committee, after having examined the Treasurer's report and accompanying vouchers, reported that they found the same correct.

On motion of Dr. Wm. Wright, the report of the Treasurer was adopted.

On motion of Dr. L. Clary, the statement of the Treasurer, requesting an increase of the funds of the Society, was proposed for consideration.

The following resolutions, offered by Drs. C. W. Boyce, L. Clary, and S. S. Guy, were adopted:

Resolved, That the resolution, adopted at the last semi-annual meeting of the Society, recommending the county medical societies to contribute half a dollar for each member of their associations respectively, be renewed.

Resolved, That a tax of one dollar, including the sum above mentioned, be assessed upon each member, delegate and permanent, of this Society.

Resolved, That the Treasurer be authorized to solicit voluntary contributions of half a dollar from every Homœopathic physician in the State, residing in counties where societies are not organized, and for every such contribution accompanied by fifteen cents to prepay postage, the Recording Secretary is hereby required to furnish one copy of the Transactions of this Society for the year 1864.

Resolved, That the Treasurer be authorized to furnish the Treasurers of the several county societies with a copy of the above resolutions, and request them to transmit the amount of their indebtedness to the Treasurer of the State Society as soon as may be practicable.

In compliance with a resolution offered at the last annual meeting, by Dr. P. P. Wells, respecting the qualifications of delegate and permanent members, the Secretary presented a report, accompanied by the following resolution:

Resolved, That the clause in the by-laws referring to the election of permanent members, be changed so as to read as follows:

The Society may annually elect sixteen permanent members, provided that no person be elected a permanent member unless he has been nominated at a previous annual meeting, and has expressed, in writing, his belief in the Homœopathic maxim, "*similia similibus curantur*," and is a graduate or licentiate in medicine.

On motion of Dr. E. A. Munger, the report was accepted, and the resolution laid on the table.

A biographical memoir of the late Dr. Richard Bloss, by B. F. Cornell, M. D., of Moreau Station, was presented by Dr. Wm. H. Searle of Troy.

Dr. S. S. Guy presented the following preamble and resolution, which, on motion, were adopted:

Whereas, Since our last meeting it has pleased the Almighty to reclaim and remove from his sphere of earthly usefulness, one of the great master-minds of our science and art. Dr. C. Von Bœnninghausen, of Munster, Germany, who was one of those noble links connecting the times of the illustrious Hahnemann with the present, and in whom we have lost a true and faithful champion of Homœopathy, be it therefore

Resolved, that the members of the Homœopathic Medical Society of the State of New York, hereby declare their profound sorrow at the loss of our most highly esteemed Dr. Clemens Maria Von Bœnninghausen, and express their admiration for his transcendant genius, whose lustre will brighten and continue to irradiate the pathway of medical science as long as time shall last.

The nominating committee presented their report, which, on motion of Dr. A. S. Couch, was accepted, and the committee discharged.

The Society adjourned to three o'clock, P. M.

Afternoon Session.

Meeting called to order at 3:20 P. M.

The Society proceeded to the election of officers. The balloting resulted in the election of all the officers reported by the committee on nominations, as follows:

E. A. MUNGER, M. D., of Waterville, President.

Samuel S. Guy, M. D., of Brooklyn, First Vice President.

A. R. MORGAN, M. D., of Syracuse, Second Vice President.
ASA S. COUCH, M. D., of Fredonia, Third Vice President.
H. BARTON FELLOWS, M. D., of Sennett, Corresponding Secretary.
HORACE M. PAINE, M. D., of Clinton, Recording Secretary.
LUCIEN B. WELLS, M. D., of Utica, Treasurer.

Censors.

Dr. S. J. Pearsall.....Saratoga, Northern District.
W. S. Searle.....Troy, do
J. W. Cox.....Albany, do
B. F. Joslin.....New York, Southern District.
Henry M. Smith..... do do
Bennard Fincke.....Brooklyn, do
M. M. Gardner.....Holland Patent, Middle District.
W. H. Hoyt.....Syracuse, do
E A. Potter.....Oswego, do
D. F. Bishop.....Lockport, Western District.
A. R. Wright.....Buffalo, do
C. Ormes.....Jamestown, do

Committee on Publication.

Dr. Horace M. Paine.....Clinton.
Henry D. Paine.....Albany.
E. D. Jones..... do

Dr. H. D. Paine, after appointing a committee to conduct the newly elected presiding officer to the chair, delivered a brief but very appropriate retiring address.

The President, Dr. E. A. Munger, on taking the chair, stated substantially:

That he would not detain the meeting by extended remarks. He thanked the members for the unexpected compliment in selecting him to preside over the deliberations of the Society. He assured them of his appreciation of the honor conferred upon him, and stated that errors, if any should occur, would be those of the head and not of the heart. The objects of the Association were dear to all, especially so to those who reside at a distance, and who are often called upon to make great sacrifices in attending the meetings. He expressed a deep interest in the prosperity and usefulness of the Society, being one of the oldest, if not the oldest member present.

The committee appointed to nominate honorary and permanent members presented the names of the following gentlemen:

Nominated for Honorary Membership.

William Tod Helmuth, M. D., St. Louis, Mo.
G. D. Beebe, M. D., Chicago, Ill.
Edwin M. Hale, M. D., Chicago, Ill.
A. Howard Okie, M. D., Providence, R. I.
John C. Sanders, M. D., Cleveland, Ohio.
David Wilson, M. D., London, England.

Nominated for Permanent Membership.

Dr. Henry M. Smith.....New York.
Egbert Guernsey..... do

Dr. Samuel S. Guy.....Brooklyn.
E. T. Richardson ..... do
William S. Searle .....Troy.
Richard D. Bloss..... do
H. A. Houghton.....Keeseville.
G. H. Billings.....North White Creek.
J. G. Bigelow.....Syracuse.
Wm. A. Hawley ..... do
Solomon C. Warren.....Otego.
P. W. Gray.....Elmira.
William Gulic .....Weston.
H. Barton Fellows .....Sennett.
A. H. Beers .....Buffalo.
R. R. Gregg..... do

Dr. Wm. A. Hawley, chairman of the committee on materia medica for the fifth district, presented a report, which was accepted.

The following committees on materia medica were then appointed:

Dr. B. F. Joslin.....	New York.....	First District.
B. Fincke	Brooklyn	Second District.
Wm. S. Searle	Troy	Third District.
B. F. Cornell.....	Moreau Station.....	Fourth District.
Wm. A. Hawley....	Syracuse.....	Fifth District.
Wm. R. Browne....	Homer	Sixth District.
H. Barton Fellows..	Sennett.	Seventh District.
A. S. Couch.....	Fredonia	Eighth District.

The following committees on epidemics were appointed.

Dr. Carroll Dunham ...	New York	First District.
William Wright ...	Brooklyn	Second District.
Henry D. Paine	Albany	Third District.
S. J. Pearsall.....	Saratoga	Fourth District.
E. J. Morgan	Syracuse	Fifth District.
J. Ralsey White ...	Butternuts	Sixth District.
E. R. Heath	Palmyra	Seventh District.
L. M. Kenyon.....	Buffalo.....	Eighth District.

The following committees on voluntary communications, with subjects designated, were continued:

Professor F. W. Hunt, *Pathology and Treatment of Cerebro-spinal Meningitis.*

Dr. B. F. Joslin, *Homœopathic Treatment of Insanity.*

Dr. B. F. Bowers, *Report of Homœopathic Treatment in the Half-Orphan Asylum.*

Dr. S. S. Guy, *Anæsthetics in Obstetrical Practice.*

Dr. H M. Paine, having given previous notice at the last annual meeting, presented the following preamble and resolution:

Whereas, the increasing prosperity and growth of this Society has rendered the labor of the Secretary somewhat arduous, and necessarily absorbs a greater amount of time than ought to be required of one person; therefore,

Resolved, That a Recording and Corresponding Secretary, also committees of correspondence, one for each judicial district, be appointed.

In compliance with the above request, the following resolution was offered by Dr. L. Clary, and unanimously adopted:

Resolved, That the word "Recording" be inserted before the word "Secretary," in the second line of the third article of the Constitution of the Society, and that the words "Corresponding Secretary" be inserted after the word "Secretary," in said second line, so as to read:

The officers of this Society shall be a President, three Vice-Presidents, Recording Secretary, Corresponding Secretary and Treasurer.

Dr. Carroll Dunham having given previous notice of a resolution to change the time of holding the annual meeting, Dr. A. S. Couch offered the following, which was adopted, by a vote of fifteen to six:

Resolved, That the sixth article of the Constitution of this Society be amended so as to read as follows:

The annual meeting of this Society shall be held in the city of Albany, commencing on the second Tuesday of February in each year.

Professor D. D. Smith, chairman of a pharmaceutical committee, to report a plan for securing a uniform and accurate standard of Homœopathic medical preparations, being absent, the same committee was, on motion, continued, with the request that they report at the next annual meeting.

The committee consists of the following gentlemen: Professors D. D. Smith and F. W. Hunt, Drs. L. Hallock, S. B. Barlow and H. M. Smith.

The Recording Secretary presented the following communications, which were accepted and referred to the committee on publication:

Historical Sketch of the Rise and Progress of Homœopathy in Schuyler County, by Edwin W. Lewis, M. D., of Watkins.

Case of Paralysis, caused by suppression of Measles, by Solomon C. Warren, M. D., of Otego.

Uniformity of Drug Proving, by H. M. Paine, M. D., of Clinton.

Dr. H. M. Paine, of Clinton, presented a paper entitled, *Meteorological Observations, in connection with a tabular statement of Prevailing Diseases.*

Dr. A. R. Morgan, of Syracuse, presented and read a paper entitled, *A Communication on Scabies, from the manuscript of an unpublished work on Skin Diseases.*

Dr. B. Fincke, of Brooklyn, presented and read a communication entitled, *A new Proving of Lachesis.*

Also another entitled, *Geometrical Illustrations of the Homœpathic Remedial Process, Probative and Curative.*

Dr. Henry D. Paine extended an invitation to the members of the Society, and gentlemen present, to meet at his residence, immediately after the conclusion of the address in the evening, for a social reunion.

The Society adjourned to meet at 8 P. M., to hear the usual Annual Address.

Evening Session.

The President, Dr. E. A. Munger, in the chair.

Dr. Henry D. Paine, having been introduced by the President, proceeded to deliver the customary address, which consisted mainly of a defense of Homœopathy against the continued and wilful misrepresentations of its enemies.

The speaker began by a reference to the sad and discouraging fact, admitted by the most candid Allopathic writers, that the practice of medicine has ever been the least progressive and most uncertain of all arts. Not-

withstanding the opportunities of daily observation, continued through so many centuries, the experience of the profession has been comparatively fruitless of permanent results. The phenomena of health and disease, and the effects of drugs upon the human system, are as much matters of observation as any other operations of nature; and it would seem reasonable that the recorded experience of two thousand years should have determined some facts, and settled some principles of general value in the treatment of the sick. This moderate expectation has not, however, been fulfilled in any satisfactory degree, at least so far as the hitherto prevailing systems are concerned, for it appears by numerous quotations from the most reputable medical authors that there is scarcely a point either of fact or theory relating to the nature of disease or its proper treatment, respecting which there is not, even in modern times, a great variety of opinions.

While the collateral branches of Anatomy, Physiology, Chemistry, and (to some extent) Pathology, have made a great advance during the last fifty or sixty years, the most important science of all—the science of Therapeutics, or the Doctrine of Cure—still remains to a great extent, shrouded with the mists of hypothesis and error.

The cause of the slow progress of practical medicine—the most important of all arts that relate to this life—was shown to be the want of a proper system of observation, and the absence, heretofore, of a close and scrutinizing induction. And this, like the former position, was amply fortified by extracts from various medical authorities.

Homœopathy, alone, of all medical systems, can justly claim to be founded upon pure observation, and a legitimate and systematized experience. The speaker, however, did not attempt to trace the history or explain the principles of this doctrine, as that had been already satisfactorily done by others on several previous occasions; but occupied the remainder of the time with a defence of Homœopathy against recent assaults upon it, and especially to a review of Dr. Hun's address before the (Allopathic) State Medical Society on a late occasion.

It clearly exposed the false, weak and self-contradictory style of his reasoning, without resorting to the discourteous and undignified language almost uniformly used by those from whom we have a right to expect better things.

Dr. Hun, after admitting, in the body of his address, that the medical profession presents the spectacle of "an art sinking in public estimation, and in the confidence of its own practitioners," and asserting that "the old systems of therapeutics need now to be *reconstructed*," adds, in a note, a labored attempt to show that Homœpathy is quackery, first because it is absurd, and secondly, because it discards the traditions of the science as held by the old school.

As to the first point, it is well to compare the writer's own description and estimate of the principles and practice of his own school generally, with the system which he assumes to denounce as quackery. It would be difficult to find anything more ridiculous and absurd in the writings of the most extreme Homœopathist than, in some of the very instances of Allopathic doctrines and usages mentioned in Dr. Hun's address. But these last being Allopathic absurdities, however "false in reasoning and perni-

cious in practice," are not, therefore, quackery! It is a comfort too, and an encouragement, to remember that many discoveries in science and art, which have been officially proscribed as absurd and impossible, have finally falsified the accusation, and proved to be both true and practicable.

As to the other charge, that Homœopathy must needs be quackery, and its disciples and practitioners excluded from the pale of the profession, because it discards the traditions of the science of medicine, it would be enough to say that *that* is of little consequence to the suffering patient, provided the new system is true and affords him the desired relief. And the accusation comes with an ill grace, from one who only a few pages before has so eloquently exposed the "exaggerated pretensions" of his own school in the cure of disease, and the "slight foundation upon which its routine practice reposed," and enlarged upon the necessity of an entire reconstruction of the science of Therapeutics. But the charge is not true. The disciples of Hahnemann have, like other members of the profession, gone through the ordinary and legally prescribed curriculum of study and preparation—they accept every well authenticated fact and discovery in the whole range of medical science, and use it too. The traditions they reject are the fanciful and unsubstantial theories of which the history of medicine is full; but whatever grains of residual truth remain after the sifting of experience are gratefully appropriated and applied to the great and humane purposes of their calling.

Dr. H. also states that the principles of Homœopathy are not founded in reason, and are accepted by none but the most ordinary minds, or those who engage in it for pecuniary and unworthy motives, thus contradicting his previous statement that Homœopathy has been embraced by many of the best and most intelligent minds in society. He admits that the Allopathic therapeutics are so weak and inefficient that the only course in many diseases is to *do nothing* so as not to harm the patient, and still denounces Homœopathists for doing, as he supposes, the same thing. He avers that the Homœopathic dose is too small to produce harm, and disposes of all cures by attempting to prove that recoveries take place by the unaided efforts of nature. He omits all allusion to the remarkable and almost uniform success of Homœopathic treatment of yellow fever, cholera, and diphtheria.

He has the brazen effrontery to state, without the least reservation, that the followers of Homœopathy have made no discoveries in medical science. Is the discovery of the great law—*similia similibus curantur*—nothing? Is reorganizing the materia medica nothing? Is the compelling the Allopathic school to reform its practice nothing? Is it to be expected that fifty years experience should place Homœopathy beyond Allopathy in branches that are common to both? Is it not creditable to the Homœopathic school that it avails itself of all discoveries made by the Allopathic?

Homœopathy differs from Allopathy solely in the quantity of the dose, and in the scientific application of the remedy to the cure of disease. Diagnosis is founded on common principles, but Homœopathy has an infallible rule for the selection of remedies when the diagnosis has been made. Having obtained correct provings of drugs, remedies can be selected with certainty. Although great improvements are yet to be made in completing

the materia medica, no intelligent Homœopathic physician has yet been known to abandon his profession in disgust, exclaiming with an eminent Allopath, that he was "tired of guessing."

Homœopathy, is in fact, the legitimate heir and successor to all that is truly and really valuable in the medical experience of the past. Its germs and roots are traced to the earliest ages, and confirmations of its great law are found all along the course of time, and in the writings and practice of every age.

At the conclusion of the address, on motion of Dr. E. D. Jones, the thanks of the Society were extended to Dr. H. D. Paine, for his admirable and interesting address, and a copy was requested for publication in the Transactions.

On motion of Dr. S. S. Guy, the thanks of the Society were tendered to Dr. H. D. Paine, for the able and satisfactory manner in which he had presided over the deliberations of the Society.

The meeting then adjourned to eight o'clock Wednesday morning.

After the adjournment the members of the Society and other physicians present, reassembled at the residence of Dr. H. D. Paine, in State street, to partake of a bountiful collation, and enjoy an hour in pleasant social reunion.

SECOND DAY.

WEDNESDAY, *May* 11.

MORNING SESSION.

The President, Dr. E. A. Munger, in the chair.

The President announced the appointment of the following committees:

Committee of Correspondence or Clinical Medicine.

Dr. Henry M. Smith....	New York.....	First District.
H. E. Morrill	Brooklyn.....	Second District.
Edmund Holley	Hudson	Third District.
Charles Lowrey....	Whitehall	Fourth District.
T. Dwight Stow....	Fulton	Fifth District.
S. C. Warren.....	Otego	Sixth District.
E. W. Rogers.....	Wayne	Seventh District.
D. F. Bishop.....	Lockport.....	Eighth District.

Executive Committee.

Dr. Lester M. Pratt	.....	Albany.
J. W. Cox.....		do
H. M. Paine	.....	Clinton.

Delegates to other Homœopathic State Medical Societies.

Dr. P. P. Wells, to the Massachusetts State Homœopathic Medical Society.

D. D. Smith, to the New Jersey State Homœopathic Medical Society.

Jacob Beakley, to the Pennsylvania State Homœopathic Med'l Society.

Henry D. Paine, to the Connecticut State Homœopathic Med'l Society.

William H. Watson, to the Rhode Island State Homœopathic Medical Society.

C. W. Boyce, to the Illinois State Homœopathic Medical Society, and the Western Institute of Homœopathy.

A. S. Couch, to the Ohio State Homœopathic Medical Society.

Committees on Voluntary Communications.

Dr. William Wright,	Dr. A. R. Morgan,
D. D. Smith,	Egbert Guernsey,
R. C. Moffat,	P. P. Wells,
Carroll Dunham,	Wm. H. Watson,
George W. Bailey,	C. W. Boyce,
M. M. Gardner,	J. F. Gray.

Dr. Wm. Wright presented the following resolution, which was adopted:

Resolved, That the Recording Secretary make out and keep a list or roll of the delegates and permanent members of this Society, arranged by districts, and that he be authorized to amend such roll from year to year as new elections of delegates or permanent members may require, and that such roll when made out be accepted as *prima facie* evidence of membership.

Dr. L. B. Wells presented the following resolution, which was adopted:

Resolved, That the secretaries of county Homœopathic medical societies be hereby requested to furnish certificates to the delegates or their alternates from their respective societies, showing their credentials as members of the Homœopathic Medical Society of the State of New York.

On motion of Dr. L. B. Wells, the Secretary was requested to present twenty-five copies of the Transactions of this Society for 1863, to the Massachusetts State Homœopathic Medical Society.

On motion of Dr. Wm. Wright, the Secretary was authorized to exchange copies of the Transactions of this Society for those of other State Homœopathic Medical Societies, not to exceed ten in number.

On motion of Dr. Wm. Wright, the Recording Secretary was requested to furnish the several county societies in this State with copies of the Transactions for 1864, equal to the number of their members respectively.

Dr. B. F. Cornell presented anew the claims of the Homœopathic Medical Society of Northern New York for representation in this Society, and was again informed that the State Society could not legally receive delegates from organizations composed of physicians residing in counties where there is a sufficient number to organize separate county societies.

And further, that in the election of permanent members especial care had been taken to select them from among the membership of the Homœopathic Medical Society of Northern New York.

In view of the statement made by Dr. Cornell, Dr. Wm. Wright presented the following resolution, which was adopted:

Resolved, That the Recording Secretary be requested to furnish the Secretary of the Homœopathic Medical Society of Northern New York with twenty-five copies of the Transactions of this Society for the year 1864, and one copy of the Transactions for 1863, to each of its members not already supplied.

Dr. H. M. Paine presented the following resolution, which was adopted:

Resolved, That a committee be appointed to prepare blank forms for obtaining a uniform registration of disease in connection with meteorological observations, and report to the committee on publication, with authority to publish a sufficient number for the use of the Society.

Drs. H. M. Paine, W. H. Watson, and S. S. Guy, were appointed such committee.

Dr. S. S. Guy presented the following resolution, which was adopted :

Resolved, That a committee of three members be appointed to consider the best means to be used for securing the introduction of Homœopathic treatment of disease into the public medical institutions of this State.

Drs. J. Beakley, Wm. Wright, and S. S. Guy, were appointed such committee.

The following communications were then presented and read :

Dr. H. Barton Fellows, of Sennett, a paper entitled : "*Shall the Materia Medica be Enlarged?*"

Dr. William Wright, of Brooklyn, a paper entitled: "*Nitrate of Silver in the Treatment of Laryngitis.*"

Dr. J. C. Raymond, of Utica, a paper entitled : "*A Case of Ascites.*"

Dr. L. Clary, of Syracuse, a paper entitled : "*A Proving of Rhus Vernix.*"

Dr. A. S. Couch, of Fredonia, a paper entitled : "*Treatment of Morbus Coxarius.*"

Dr. A. J. Brewster, of Cato, a communication entitled : "*Cases from Practice.*"

Dr. C. W. Boyce, of Auburn, a communication entitled "*Uterine Catarrh.*"

On motion of Dr A. S. Couch, all the papers and communications presented at this meeting of the Society were referred to the committee on publication, with authority to publish in the Transactions at their discretion.

Also, that copies of the paper, by Dr. H. B. Fellows, entitled, "Shall the Materia Medica be enlarged ?" be referred to the chairman of the several district committees on materia medica.

Dr. L. Clary presented the following resolution, which was adopted :

Resolved, That Phytolacca decandria be recommended to the chairman of the several district committees on materia medica, as the drug of which provings may be made during the ensuing year.

Dr. A. S. Couch stated that he should hereafter oppose the rapid and superficial manner in which much of the business of the Society has formerly been transacted. Even this session is not an exception. Various important papers have been presented, but no time has been devoted to discussion. This is much to be deprecated. He hoped future meetings would continue at least three days, in order to afford more time for a comparison of the views and experiences of all present, in reference to the subjects presented for consideration.

Several other members expressed similar views in regard to the desirableness of holding longer sessions of the Society.

Dr. L. B. Wells presented the following preamble and resolution, which were adopted :

Whereas, The importance of a national organization of Homœopathic physicians is desirable, in order to give direction and efficiency to all matters pertaining to the general interests of Homœopathic medicine ; and,

Whereas, Such an association, if established upon an equitable basis of representation, would augment the usefulness and efficiency of all our state, county and local organizations, therefore

Resolved, That a committee be appointed to present this subject for consideration at the next meeting of the American Institute of Homœopathy, soon to be held at Cincinnati.

Drs. Jacob Beakley, L. B. Wells, and W. H. Watson, were appointed such committee.

On motion of Dr. Wm. Wright, the committee on publication were instructed to publish the proceedings of this meeting in pamphlet form for general distribution, provided the funds of the Society are sufficient to meet the requisite expense.

On motion of Dr. Wm. Wright, the Society adjourned to meet in the city of Albany, on the second Tuesday in February, (14) 1865.

H. M. PAINE, *Recording Secretary.*

Among the many important subjects that were crowded out by pressure of other business, was the discussion of the question respecting the introduction of Homœopathic treatment into the army. Our brethren in the Eastern and Western States are earnestly laboring for the accomplishment of this desirable object. As a class we are ostracized, our just claims contemptously ignored, our system ridiculed, and our standing in the medical profession continually, impudently, and wilfully misrepresented by the Allopathic school, merely because we differ in opinion from them respecting the scientific application of remedies in the treatment of disease. We should no longer quietly wait for public opinion to instigate the necessary legislative action.

The following statement and resolution were unanimously adopted at a recent meeting of the Massachusetts State Homœopathic Medical Society:

To the Senate and House of Representatives of the United States, in Congress assembled:

The Massachusetts Homœopathic Medical Society beg leave to state, that from New England alone petitions for the admission of Homœopathic Surgeons into the Army and Navy have recently been presented to Congress, signed by more than thirty thousand legal voters, embracing a large number of persons in high official position, persons eminent for intelligence, respectability and wealth, and representing all classes and interests of society. Numerously signed petitions of a similar character have been presented from other sections of the loyal States, and also from various regiments now in the service of the Government.

This Society would further represent, that Homœopathy is a well-tried and demonstrated system of medical practice, based upon an established law of nature, and has stood the test of rigid and accurate observation in Europe and in this country, in public institutions and in private practice, among the most discriminating and conservative classes, and is now fully established in the confidence of every intelligent community:—That in Europe it has no less than *twelve* hospitals, and numerous dispensaries, and in this country is practiced by more than three thousand five hundred educated physicians, has five legally authorized Medical Colleges, and supports several hospitals and dispensaries:—That Homœopathy is, by the action of various Medical Boards, virtually excluded from the Army. The Medical Commission of Massachusetts has by vote declared, that it cannot recommend any surgeons believing in it; the Medical Commissions of other States have in a discourteous manner refused to examine Homœopathic Surgeons; and the Army Medical Board at Washington has sedulously endeavored to exclude from the Army all Homœopathic Surgeons, and from the Army Hospitals all Homœopathic practice.

And as, in many of the regiments now in the service, a large number have been accustomed to, and prefer Homœopathic treatment, therefore, this Society respectfully and earnestly request Congress to make such provision as shall meet the wants of this class, and would recommend the following propositions:—

1st. Whenever any considerable portion of the officers and soldiers of any brigade desire to have a Homœopathic Surgeon attached to the brigade, such additional Surgeon shall be appointed.

2d. Whenever a majority in any regiment desire a Homœopathic Surgeon and Assistant Surgeon, such appointments shall be made.

3d. Wherever Army Hospitals are established, a fair proportion of them shall be devoted to Homœopathic treatment.

4th. As Allopathic Surgeons are by their education and position necessarily disqualified for intelligently examining candidates in Homœopathic medicine, an additional Examining Board shall be appointed for this purpose, composed of Surgeons skilled in Homœopathic medicine.

As in this emergency of our country the utmost catholicity is very justly and properly allowed in all the religious and political appointments of the army, this Society deem it in the highest degree intolerant to exclude thoroughly educated and competent Homœopathic Surgeons, whose appointment would, by exciting emulation, naturally serve to elevate the standard of medical skill, and secure for the soldiers increased care and attention.

Resolved, That a copy of the above statement be sent to Hon. Henry Wilson, of the United States Senate, and Hon. B. F. Thomas, of the House of Representatives, with the request that it be presented to both Houses of Congress.

Extracts from the report of proceedings of the Western Institute of Homœopathy, held in Chicago May 20th and 21st, 1864:

Dr. R. Ludlam read the following resolutions, which had been adopted by the Miami Homœopathic Medical Association, and which were sent to the Institute to be read:

Whereas, The exclusion of Homœopathic physicians from the army and navy of the United States being illegal and unjust, and thus violating every principle of humanity, by forcing a system of medical practice upon those who utterly discard and refuse the same when at home, and thereby preventing a large class of intelligent and competent surgeons from engaging in this important department of practice; and

Whereas, Our friends at home and in the army and navy are feeling indignant at the injustice of such illegal arrangement, we, the members of the Miami Homœopathic Medical Association, do present to the Western Institute of Homœopathy the following resolutions, expressing the sentiments and feelings of the Homœopathic physicians of this great valley:

Resolved, That the Homœopathic physicians of the United States do, in a body, join in one loud and solemn protest against the continuation of such injustice; and that we, in a suitable document, appeal to the proper authorities that we be granted a due proportion of the medical and surgical practice in the army and navy of the United States, during the present war and for all time to come.

Resolved, That we deem this just to our friends, who are exposing themselves to extreme dangers, and who will call us to an account for our apparent silence, unless we act with energy, perseverance and power.

Dr. Franklin, of St. Louis, said that he was glad to see this matter brought up. He had prepared a series of resolutions to present to the Institute, and he would now offer the following resolutions:

In view of the comparatively superior benefits to suffering humanity that follow the introduction of the Homœopathic system of medicine, wherever it has been practiced; and

Whereas, The brave defenders of our common nationality demand of the government all the means and appliances that the most enlightened and progressive medical practice can bestow, in consideration for the risk to health and limb that is cheerfully yielded for the preservation and perpetuation of our national existence, therefore be it

Resolved, That the Western Institute of Homœopathy do hereby pledge itself to use all due diligence and effort to secure to the army and navy of the United States the introduction of this beneficent system of practice.

The passage of the resolutions was strenously urged by Drs. Franklin, Long, Pratt, Douglas, Belding, Hale, Small and others, who were very earnest in their denunciation of the Allopathic physicians, and the policy of the administration that excludes Homœopathic physicians from the army and navy.

The resolutions offered by Dr. Franklin were then unanimously adopted.

Dr. Franklin moved that a committee of three members of the Institute be chosen to take general charge of this matter; and that the committee have power to appoint sub-committees in every State, city and town throughout the country.

The motion was unanimously carried, and Drs. E. C. Franklin, of St. Louis, G. D. Beebe, of Chicago, and S. R. Beckwith, of Cleveland, were chosen as such committee.

Communications in reference to this subject may be addressed to Dr. T. Dwight Stow, Fulton, Oswego county, N. Y., who will act as a committee and report at the next meeting of the Society.

H. M. PAINE.

ARTICLE II.

Homœopathic Medical Society of the State of New York. Proceedings of the Fourteenth Annual Meeting.

FIRST DAY.

Morning Session.

The Society met pursuant to statute, at Albany, February 14, 1865. The meeting was held in the supervisors' room, in the City Hall.

In the absence of the president and vice-presidents at the opening of the meeting, the recording secretary nominated Dr. B. F. Cornell, of Moreau Station, for chairman, which was adopted.

The chair then appointed Drs. Wm. S. Searl and M. M. Gardner a committee on credentials.

On motion of Dr. H. Robinson, an abstract of the minutes of the last meeting was read, and on motion of Dr. Gardner, adopted.

The committee on credentials reported the names of the following gentlemen present:

Honorary Member.

Dr. I. T. Talbot, of Boston, Massachusetts.

Permanent Members.

Dr. Jacob Beakley	New York.
B. F. Cornell	Moreau Station.
Lyman Clary	Syracuse.
E. D. Jones	Albany.
E. A. Munger	Waterville.
Henry D. Paine	New York.
Horace M. Paine	Albany.
Lester M. Pratt	Albany.
Lucien B. Wells	Utica.

Delegates.

Dr. J. W. Cox	Albany	Albany Co. Medical Society.
J. C. Delavan	do	do do
D. Springsteed	do	do do
W. H. Randel	do	do do
H. B. Fellows	Sennett	Cayuga Co. Medical Society.
H. Robinson, jr	Auburn	do do
A. P. Cook	Hudson	Columbia Co. Medical Society.
Fedal Vanderburgh	Rhinebeck	Dutchess Co. Medical Society.
John Hornby	Poughkeepsie	do do
Samuel S. Guy	Brooklyn	Kings Co. Medical Society.
I. J. Meachem	Nunda	Livingston Co. Med'l Society.
O. D. Hamilton	York	do do
M. M. Gardner	Holland Patent	Oneida Co. Medical Society.
A. R. Morgan	Syracuse	Onondaga Co. Med'l Society.

Dr. E. A. Potter.....	Oswego	Oswego Co. Medical Society.
T. Dwight Stow ..	Fulton	do do
W. S. Searle	Troy	Rensselaer Co. Med'l Society.
John Younglove ..	do	do do
C. H. Carpenter...	do	do do
Samuel J. Pearsall	Saratoga	Saratoga Co. Medical Society.
August's P. Throop	Palmyra	Wayne Co. Medical Society.
Charles Lowrie ...	Whitehall.....	Washington Co. Med. Society.
G. H. Billings	North White Creek	do do
H. Beakley.....	Peekskill.....	Westchester Co. Med. Society.

The following gentlemen were present, and on recommendation of the committee were invited to participate in the deliberations of the meeting:

Dr. M. W. Campbell.....	Troy, Rensselaer county.
J. T. Niver	Stillwater, Rensselaer county.
John F. Miller.....	Troy, Rensselaer county.
H. K. Bennett.....	Hartford, Washington county.
Jesse F. Merritt.....	Staatsburgh, Dutchess county.

The Society is essentially a representative body. It is composed primarily of delegates from the several county medical societies. There are twenty-three such associations in this State, entitled to a representation of seventy-seven members, each county medical society being entitled by statute to as many delegates as there are members of Assembly from their respective counties. The State Society is permitted by statute to increase its members by electing annually sixteen permanent and six honorary members. The latter are required to be non-residents of the State.

The following gentlemen having been previously nominated, were elected honorary members of the Society:

William Tod Helmuth, M. D	St. Louis, Mo.
George D. Bebee, M. D	Chicago, Ill.
Edwin M. Hale, M. D.....	Chicago, Ill.
A. Howard Okie, M. D	Providence, R. I.
John C. Sanders, M. D	Cleveland, Ohio.
David Wilson, M. D	London, England.

The following gentlemen having been previously nominated at the last annual meeting, were elected permanent members of the Society:

Dr. Henry M. Smith	New York.
Egbert Guernsey	do
Samuel S. Guy	Brooklyn.
Edward T. Richardson	do
William S. Searle.....	Troy.
Richard D. Bloss.....	do
H. A. Houghton	Keeseville.
G. H. Billings.....	New York.
J. G. Bigelow	Syracuse.
William A. Hawley	do
Solomon C. Warren	Otego.
P. W. Gray	Elmira.
William Gulic.....	Weston.
H. Barton Fellows	Sennett.
A. H. Beers.....	Buffalo.
R. R. Gregg	do

The President nominated Drs. E. D. Jones, W. S. Searle and H. M. Paine, a committee to nominate officers for the ensuing year.

By Dr. H. M. Paine,

Resolved, That the by-laws be changed so as to require the committee on nominations to nominate officers, all the usual medical committees, the committee on publication and delegates to other Homœopathic medical associations. Adopted.

Dr. J. C. Raymond presented a report entitled "*Cases of Ascites following Scarlatina.*"

Dr. A. R. Morgan, committee on epidemics for the fifth district, presented a report having reference chiefly to epidemic diphtheria and rubeola.

Dr. E. R. Heath, committee on epidemics for the seventh district, presented a report entitled "*Epidemic Dysentery in the counties of Wayne and Monroe.*"

Dr. D. F. Bishop, committee on epidemics for the eighth district, presented a report entitled "*Cases of Dysentery occurring in the county of Niagara.*"

The Corresponding Secretary presented the following communication from Dr. F. W. Hunt:

"Dear Sir—I have received notice that a paper is expected from me to be read at the annual meeting of the society on the 14th inst., on the Pathology and Treatment of Cerebro-spinal Meningitis. It was my wish and intention to prepare such a paper for that occasion, but I have been absent from home a part of the winter, and, on returning, I find so many urgent demands on my time that I am not able to complete the summary of observations and experience which I desired to make on this subject. Permit me, through you, to request of all members of the State Homœopathic Medical Society, individually, to furnish me the results of their experience in the treatment of this disease, including the symptoms observed in its progress, and the effects of remedies successfully employed. Communications received will be published in the North American Journal of Homœopathy in the order in which they are received, or in any other Homœopathic periodical selected by the authors. It is my desire to make from all the papers received, and from all that may be found elsewhere, *a collection of all the symptoms noted, and all the groups of symptoms known to have been cured by individual remedies fairly tested.*

"Though it will be out of my power to be present at this annual meeting of the Society, I earnestly hope that every Society in the State may be fully represented; that the great labor of perfecting the *materia medica* may be advanced, and that the individual members of the profession may become more thoroughly organized into an agency and engine of power for the dissemination of the light of Hahnemannian sunshine through every corner and recess of the Empire State."

Dr. A. R. Morgan presented a paper entitled "*Tabular Statement of Homœopathic Physicians residing in Onondaga county, from the year* 1842 *to* 1864." Also, a paper entitled "*Proving of Apis Melifica.*" Also, the "*History and Treatment of an Obstinate Case of Leprosy.*"

The Recording Secretary presented a note from Dr. and Mrs. Cox, extending their compliments to the members of the Society and other gentlemen present, and inviting them to meet socially at their residence on State street after the conclusion of the address in the evening.

Also, a communication from Dr. Elial T. Foote, of New Haven, compris-

ing a "*History of the Introduction and Progress of the Homœopathic Practice in Chautauqua county from the year* 1833 *to* 1864."

The Society adjourned to meet at three o'clock.

AFTERNOON SESSION.

Dr. E. A. Munger, President, in the chair.

The President proceeded to deliver the following address, which was intended for presentation at the opening of the morning session:

Gentlemen of the Society:

I tender you a cordial greeting, and congratulate you upon the favorable auspices under which we assemble.

The history of Homœopathy has already come to be considered by many a hacknied theme, and yet a little more than its introductory pages have been written.

The record of the past year will compare favorably with that of any preceding one, and as we are now about to add to that history the transactions of another annual meeting of the New York State Homœopathic Medical Society, I trust we shall feel the importance of a united and determined effort to make them such as will be creditable to ourselves, inspire confidence in the public mind, and promote the interests of the profession.

We are, as a Society, still in our infancy, but it is an infancy of great promise. It becomes us, therefore, to have an entire harmony of action; and see to it that the doings of this body, at this time, be such as will encourage our friends, and bear the criticisms of our opponents.

In the few remarks I have to make at this time, I shall simply call your attention to such subjects as I deem worthy of your consideration, and which seem to me to call for action on the part of the Society.

This being a delegated body, we can only add to our numbers and *real strength* by the organization of new county medical societies. An initiatory step has already been taken in that direction by the Oneida County Society, of which I have the honor to be a member, and we have at least one new society represented here to-day as the result of that effort.

I would, therefore, suggest that some measures be adopted at this meeting to secure, as soon as practicable, county organizations in all counties where there are the requisite number of Homœopathic practitioners.

It has been a subject of complaint by many delegates that far too much time has been occupied in the details of business, giving but a very limited space for the reading of reports of committees on medical topics, reports of cases in practice and medical discussions, the chief objects for which we assemble. The business of the Society cannot be dispensed with, but I think this difficulty may be in a great measure obviated by more perfectly systematizing our business, and by appropriating certain hours of each day to the reading of papers and the discussion of medical subjects, thereby rendering each session interesting and instructive. To accomplish this result, I would recommend the appointment of a committee to revise and change the order of business.

Another matter which seems to demand our consideration is the disposition of papers read before the Society. Whatever appears in the Transactions the public consider endorsed and sanctioned by the Society. We

should not, therefore, publish articles which a large majority of the members of our school do not approve, and which are liable to be employed by our opponents as weapons against us. An article crept into the Transactions of last year which is somewhat objectionable, and the publication of which I had opposed in another place. I do not bring this subject before the Society because I have any charges to prefer against our present very able publishing committee; on the contrary, they have my warmest thanks and are entitled to the gratitude of the Society for the efficient manner in which they have discharged the laborious duties assigned them. We should, I think, refer *all* papers to the committee on publication, *with power* to dispose of them in such a manner as will best promote the interests of the Society and the profession at large.

The introduction of the Homœopathic practice into the army and navy, as well as our public charitable institutions, has received some attention from this Society, and action has been taken in reference to it, but the object has not yet been attained. My opinion in regard to this matter is, that we are not acting in the right direction. We are asking favors while we should be claiming our rights. We are *the regularly and legally authorized medical profession, and as such entitled to all the rights and privileges enjoyed by the adherents of the old school.* A large proportion of the Homœopathic practitioners of this country have been respectable old school physicians, and are graduates of Allopathic colleges; the question, therefore, naturally arises, how have they become disqualified for positions of trust in the medical department of our public charitable institutions? Am I or am I not as well qualified to practice medicine and surgery to-day as when, thirty years ago, the faculty of Jefferson Medical College pronounced me qualified? Does the discovery of new facts, or the adoption of new and improved means of cure, render a physician incompetent? We say no. The public will say no! when they can be brought to see the matter in its true light. Those who make and execute our laws are but the servants of the people, of whom a large, intelligent and influential portion are patrons of Homœopathy. They help support the army, navy and our public charitable institutions. Let us demand in their name, as well as our own, that we be represented in these several places, and if this does not suffice, let us remind those in power that the friends of Homœopathy help elect our rulers.

We have evidence of what can be accomplished by determined effort in the right direction for the attainment of a particular object, in the legalizing of this Society, and the granting to us all the rights and privileges enjoyed by the Allopathic school. I am well aware that many are very fearful of mixing in politics at all; but let me say to these gentlemen that *political influence only* stands in the way of our enjoying equal rights and privileges with the Allopathic school. The friends and patrons of Homœopathy, although not constituting a majority, certainly hold the balance of power in a large portion of the state.

Let us then respectfully petition, and if need be demand, that the privileges to which we are entitled as members of the regular medical profession be granted us, and let it be distinctly understood by those in authority that "we know our rights and knowing dare maintain them."

On motion, Drs. Beakley, L. Clary and B. F. Cornell, were appointed a committee to take such action as may seem desirable respecting the suggestions advanced in the president's inaugural address.

The Treasurer, Dr. L. B. Wells, presented his annual report of receipts and expenditures for the fiscal year, ending February 13, 1865, as follows:

"The Treasurer of the Homœopathic Medical Society, of the State of New York, would respectfully present the following report:

RECEIPTS.

Received from the county medical societies since May 10, 1864.

Broome County Homœopathic Medical Society				$2 00
Cayuga County	do	do		5 50
Dutchess County	do	do	(for 1864–5).	12 00
Erie County	do	do		4 00
Madison County	do	do		2 00
New York County	do	do		25 00
Oneida County	do	do		10 50
Onondaga County	do	do		6 50
Ontario County	do	do	(for 1863–4).	7 00
Oswego County	do	do		4 00
Otsego County	do	do		3 50
Received from permanent members and delegates				60 60
Received from physicians who are not members				7 40
Received returned postage				1 25
Balance due the treasurer				5 94
				$157 19

EXPENDITURES.

Balance due the treasurer May 10, 1864	$3 57
Paid for postage and stationery by treasurer	3 34
for printing notices of meeting	3 00
to the janitor and marshal of City Hall	3 00
for telegram to Chicago	1 45
corresponding secretary's account	11 60
express charges	11 10
recording secretary's account	9 75
Curtiss & White's bill of printing 400 copies of thirteenth annual meeting, and 500 copies secretary's and treasurer's circulars	42 87
Paid Davis & Gilbert, bill for copying book, letter files and paper	11 00
Paid L. C. Childs for printing notices of the fourteenth annual meeting	8 00
Paid Curtiss & White printing bill-heads	2 25
Charles Van Benthuysen bill for packing and boxes	10 50
recording secretary's account	35 76
	$157 19

On motion of Dr. Clary, the treasurer's report was accepted and referred to an auditing committee consisting of Drs. H. D. Paine, H. Beakley and A. R. Morgan.

The committee soon presented the following report:

The committee appointed to examine the statement of receipts and ex-

penditures presented by the treasurer, report that they have examined the same with the accompanying vouchers and find them correct.

HENRY D. PAINE,
HENRY BEAKLEY,
A. R. MORGAN,
Committee.

By Dr. Guy:

Resolved, That one hour be devoted to the reading and discussion of papers on medical subjects, and the remainder of this session to the transaction of miscellaneous business. Adopted.

On motion, the members present were requested to pay to the treasurer the usual annual tax of one dollar.

The President, Dr. Munger, presented the history of a case of *Hydrocele*, cured by mercurius sol. 3000; also cases of *Scrofulous Ophthalmia* cured by calcarea carb. 1000 and sulphur 3000.

Dr. L. B. Wells related the symptoms of a case of *Hydrocele* cured by mercurius sol. 200.

Dr. Cornell related the symptoms of a similar case of disease in a person seventy years of age, in which the cure took place spontaneously.

Dr. J. Beakley inquired whether the effusion took place within the tunica vaginalis or in the sub-cellular tissue? In the former spontaneous absorption seldom takes place, while in the latter it occurs much more frequently.

Dr. Clary suggested that data based upon the results of a few cases were often unreliable, and should not be accepted as conclusive.

Dr. Meachem related the symptoms and treatment of a case of malignant scarlatina.

Dr. Morgan related the symptoms and treatment of a case of albuminary.

A desultory discussion upon the influence of remedies in the treatment of various malignant diseases, was participated in by most of the members present.

Dr. Guy related the results of his experience in the use of high potencies in the treatment of acute and chronic membranous and spasmodic croup.

By Dr. Morgan:

Resolved, That the several papers presented at this meeting be referred to the executive committee to be cursorily examined for the purpose of recommending those first which appear to afford a basis for discussion.

Resolved, That unless otherwise directed by the Society, the papers be read in the order suggested by the committee.

Dr. Morgan presented a report prepared by Dr. W. A. Hawley, having reference to the appointment of Homœopathic physicians as medical examiners by life insurance companies.

On motion, the report and accompanying resolution were laid upon the table.

Dr. Vanderburgh presented a communication, the reading of which was postponed until to-morrow, immediately after the opening of the morning session.

The Society adjourned to meet in the common council room, city hall, at eight o'clock, to listen to the usual annual address.

EVENING SESSION.

The evening meeting of the Society was held in the common council room in the city hall. At the appointed time to which the Society adjourned, the President, in a few appropriate remarks, introduced Dr. Henry D. Paine, of New York, who proceeded to deliver the customary annual address.

At the conclusion of the address, the thanks of the Society were extended to Dr. Paine, for his able and interesting address, and a copy was requested for publication in the Transactions of the Society.

The Society adjourned to meet in the same place at nine o'clock Wednesday morning, after which, the members, and other gentlemen present with their ladies, proceeded to the hospitable mansion of Dr. James W. Cox, on State street, where an hour was very pleasantly passed in social reunion. The pleasure of this entertainment was increased by the presence of distinguished members of the profession from other States.

SECOND DAY.

WEDNESDAY, *February* 15.

MORNING SESSION.

The President, Dr. E. A. Munger, in the chair.

In compliance with a previous resolution, Dr. Vanderburgh proceeded to read his paper, entitled "*Problem of Life.*"

On motion of Dr. I. J. Meachem, the following resolutions were adopted:

Resolved, That the thanks of this Society be given to the venerable Dr. Vanderburgh for the paper just read; that we regard it a valuable contribution to the science of both the vital and physical forces prevailing in the universe.

Resolved, That as disease consists essentially of a disturbance of these forces, an accurate knowledge of their mutual relations, and the laws which govern them, is highly important to the physician.

By the Corresponding Secretary,

Resolved, That the gentlemen present who are not members of the Society be invited to participate in the deliberations of this meeting. Adopted.

By the Recording Secretary,

Resolved, That inasmuch as a meeting of the Homœopathic Medical Society of the State of Connecticut is now being held, a committee be appointed to secure if practicable an exchange of telegraphic congratulations. Adopted.

The committee, consisting of Drs. J. Beakley, L. Clary, and L. B. Wells, soon reported that they had performed the duty required of them by transmitting a suitable communication to Dr. Elial T. Foote, President of the Connecticut Homœopathic Medical Society.

The committee to whom was referred portions of the President's inaugural address presented a verbal report which was accepted.

Dr. L. B. Wells introduced Dr. I. T. Talbot, of Boston, an honorary member of the Society, and delegate from the Homœopathic Medical Society of Massachusetts.

Dr. Talbot expressed great pleasure in meeting for the first time the members of the New York State Homœopathic Medical Society. He read a paper giving an historical sketch of the introduction and progress of

Homœopathy in Massachusetts, and concluded by presenting the following congratulatory communication:

"The Massachusetts Homœopathic Medical Society sends its greetings to the New York State Homœopathic Medical Society, and will cordially unite with it in any undertaking for the advancement of the noble science of Homœopathy."

Dr. Guy offered a resolution expressing the thanks of the Society to Dr. Talbot for his interesting paper, and requesting a copy for publication in the Transactions.

Dr. J. Hornby presented a communication, giving in detail cases of curvature of the spine, scrofulous ulcers, occlusion of the rectum, and others successfully treated by the adminstration of internal remedies alone.

A discussion followed the reading of this paper upon the comparative utility of high and low potencies which occupied a considerable portion of the forenoon, and was participated in by Dr. Hornby, Guy, Wells, Beakley, Potter and Searle.

The nominating committee having expressed a readiness to report, on motion of Dr. H. D. Paine, the Society proceeded to the election of officers.

The President appointed Drs. H. D. Paine and A. R. Morgan tellers.

The balloting resulted in the election of the gentlemen nominated by the committee, as follows:

ABIJAH P. COOK, M. D., of Hudson, President.
BENJ. F. CORNELL, M. D., of Moreau Station, First Vice-President.
BENJ. F. BOWERS M. D., of New York, Second Vice-President.
LORENZO M. KENYON, M. D., of Buffalo, Third Vice-President.
H. BARTON FELLOWS, M. D., of Sennett, Corresponding Secretary.
HORACE M. PAINE, M. D., of Albany, Recording Secretary.
LUCIAN B. WELLS, M. D., of Utica, Treasurer.

On motion of Dr. Clary, the report as presented by the committee was then adopted.

CENSORS.

Dr. Simeon A. Cook	Troy	Northern	District
John S. Delavan	Albany	do	do
E. Darwin Jones	do	do	do
Egbert Guernsey	New York	Southern	do
Jacob Beakley	do	do	do
Edward T. Richardson	Brooklyn	do	do
J. C. Raymond	Utica	Middle	do
Lyman Clary	Syracuse	do	do
E. A. Potter	Oswego	do	do
A. H. Beers	Buffalo	Western	do
G. W. Lewis	do	do	do
C. Ormes	Jamestown	do	do

Executive Committee.

Dr. Horace M. Paine	Albany.
James W. Cox	do
Lester M. Pratt	do

Committee on Publication.

Dr. Horace M. Paine	Albany.
E. Darwin Jones	do
Henry D. Paine	New York.

Nominated for Honorary Membership.

Dr. Elial T. Foote.....	New Haven, Conn.
Charles D. Harris.....	Madison, Wis.
William E. Payne.....	Bath, Me.
Samuel Gregg.....	Boston, Mass.
David T. Smith..... ...	Chicago, Ill.
Francis Sims.....	Philadelphia, Penn.

Nominated for Permanent Membership.

			District.
Dr. Albert Wright....	Brooklyn.....	Kings county.....	2, 3
Bernard Fincke...	do	do	2, 3
John F. Gray.....	New York.....	New York county.....	4, 7
Edwin M. Kellogg.	do	do	4, 7
Benja'n F. Bowers.	do	do	4, 7
John Sarle.....	North Granville...	Washington county...	12
W. G. Wolcott ...	Whitehall.....	do ...	12
Samuel J. Pearsall.	Saratoga Springs .	Saratoga county.....	15
J. C. Raymond ...	Utica.....	Oneida county.....	19
W. H. Watson....	do	do	19
M. M. Gardner	Holland Patent ...	do	19
T. Dwight Stow...	Fulton	Oswego county.....	21
Eathan A. Potter..	Oswego	do	21
A. R. Morgan.....	Syracuse	Onondaga county.....	22
G. B. Palmer	East Hamilton	Madison county	23
Horatio Robinson .	Auburn	Cayuga county	25
Edwin R. Heath ..	Palmyra	Wayne county.....	25
O. D. Hamilton ...	York	Livingston county	30
I. J. Meachem	Nunda	do	30
L. M. Kenyon	Buffalo.....	Erie county	31
Geo. A. Hall.....	Westfield	Chautauqua county ...	32

Committees on Materia Medica.

Dr. S. B. Barlow, New York.....	First District.
Henry Minton, Brooklyn.....	Second District.
W. S. Searle, Troy.....	Third District.
G. H. Billings, White Creek.....	Fourth District.
W. A. Hawley, Syracuse.....	Fifth District.
D. D. Loomis, Madison	Sixth District.
E. R. Heath, Palmyra.....	Seventh District.
A. S Couch, Fredonia.....	Eighth District.

Committee on Epidemics.

Dr. Egbert Guernsey, New York	First District.
Samuel S. Guy, Brooklyn.....	Second District.
James W. Cox, Albany	Third District.
Samuel J. Pearsall, Saratoga.....	Fourth District.
A R. Morgan, Syracuse	Fifth District.
J. R. White, Butternuts	Sixth District.
H. Barton Fellows, Sennett	Seventh District.
L. M. Kenyon, Buffalo.....	Eighth District.

Committees on Correspondence.

Dr. Jacob Beakley, New York	First District.
H. E. Morrill, Brooklyn.....	Second District,
Edmund Holley, Hudson.....	Third District.
Charles Lowrey, Union Village....	Fourth District.

Dr. T. Dwight Stow, Fulton..... Fifth District.
S. C. Warren, Otego ..... Sixth District.
E. W. Rogers, Wayne ..... Seventh District.
D. F. Bishop, Lockport ..... Eighth District.

Committees on Voluntary Communications.

Dr. R. C. Moffat,
E. T. Richardson,
Wm. Wright,
S. B. Barlow,
Jacob Beakley,
H. M. Smith,
W. S. Searle,
Dr. W. A. Hawley,
Cornelius Ormes,
T. Dwight Stow,
Benj. F. Bowers,
Edwin M. Kellogg,
E. E. Marcy,
D. D. Smith,
Dr. F. W. Hunt.

Delegates to State Homœopathic Medical Societies.

Drs. H. B. Fellows, Henry D. Paine, H. M. Smith, Massachusetts.
S. S. Guy, E. A. Potter, Henry Minton, New Jersey.
Henry Beakley, J. F. Merritt, R. C. Moffatt, Pennsylvania,
W. S. Searle, A. P. Cook, Wm. Wright, Connecticut.
W. H. Watson, Egbert Guernsey, E. D. Jones, Rhode Island.
A. R. Morgan, L. M. Pratt, L. Clary, Illinois.
L. B. Wells, H. Robinson, G. Z. Noble, Ohio.
M. W. Campbell, C. W. Boyce, E R. Heath, New Hampshire.
Jacob Beakley, D. F. Bishop, A. R. Wright, Western Institute.

Delegates to the American Institute of Homœopathy.

Drs. L. B. Wells.....	Utica.....	Oneida county.
S. J. Pearsall	Saratoga	Saratoga county.
O. D. Hamilton.....	York.....	Livingston county.
H. Barton Fellows...	Sennett.....	Cayuga county.
Henry M. Smith.....	New York	New York county.
C. Dunham	New York	New York county.
Henry D. Paine	New York	New York county.
W. H. Watson	Utica.....	Oneida county.
A. R. Morgan	Syracuse	Onondaga county.
Horace M. Paine.....	Albany	Albany county.

The Society adjourned to meet at 3 o'clock.

AFTERNOON SESSION.

Dr. S. S. Guy pesented a communication from the Kings County Homœopathic Medical Society, containing a protest by Dr. B. Fincke, relating to recent action of the committee on publication.

Dr. Henry D. Paine stated briefly the reasons which influenced the committee, showing conclusively that they were not controlled by personal motives.

The following resolution, offered by Dr. Clary, was adopted:

Resolved, That while we disclaim any disrespect to Dr. Fincke, we approve the course of the committee, believing a different course would establish a precedent prejudicial to the best interests of the Society.

At the suggestion of Dr. Morgan, the motion was afterward reconsidered, and the subject was referred to a committee consisting of Drs. L. B. Wells, L. Clary and S. S. Guy.

By the corresponding secretary:

Resolved, That the order of business be changed so as to require the officers elected at one meeting to continue in office until the close of the meeting following their election. Adopted.

By Dr. Guy:

Resolved, That the clause in the by-laws of the Society be changed so as to read as follows:

"The Society may elect honorary members, non-residents of this State, not to exceed six in number in any one year, the names of such persons having been presented at least one year previous to their election. Honorary members shall not be entitled to vote at the meetings of the Society, or be subject to taxation." Adopted.

The recording secretary presented a series of resolutions adopted by the Broome County Homœopathic Medical Society having reference to the recent discourteous action of the Broome County Allopathic Medical Society, and the Allopathic school throughout the country.

Dr. W. S. Searle read a communication, entitled "*Notes on the New Remedies.*" The paper is designed chiefly to show the utility of Cimicifuga and Gelseminum in the treatment of cerebro-spinal meningitis.

Dr. John Younglove, late surgeon U. S. A., read a paper describing a post-mortem examination performed at field hospital, Sandy Hook, Maryland.

The Society adjourned to half-past seven o'clock.

Evening Session.

An extended discussion arose upon an inquiry whether all the permanent members elected by the Society were legally entitled to membership, and which terminated by the introduction of the following resolution by Dr. Morgan:

Resolved, That, at each annual meeting of this Society, it be the duty of the regular delegates residing in the several districts, to designate eligible candidates in their respective districts for nomination as permanent members.

By Dr. Henry D. Paine:

Resolved, That the publishing committee be requested to include in the Transactions a suitable notice of the character and services of our late honored colleague, Dr. A. D. Wilson.

By Dr. A. P. Cook:

Resolved, That Dr. Jacob Beakley be requested to prepare a biographical notice of the late Dr. Ira R. Adams and Dr. J. W. Smith, for publication in the Transactions. Adopted.

By Dr. H. D. Paine:

Resolved, That the paper on medical education, by Dr. J. F. Gray, be referred to the publishing committee. Adopted.

Dr. H. M. Paine, from the committee appointed at the last meeting to prepare a tabular nosology, reported a form, and offered the following resolution:

Resolved, That the tabular nosology prepared by Drs. W. H. Watson and H. M. Paine, be referred to the committee on publication, with instructions to secure the publication in blank form of a sufficient number for the use of the Society. Adopted.

By the recording secretary :

Resolved, That the committee appointed to consider and act upon the suggestions offered in the President's inaugural address, be requested to ascertain what legal enactments are required in order to secure an equitable proportion of the medical and surgical appointments in all our public charities and in the army and navy, with power to publish a suitable form for distribution as soon as may be practicable to the several county medical societies in this State.

On motion, Drs. E. Guernsey and H. M. Paine were added to the committee.

On motion, the report of Dr. Hawley, respecting the appointment of Homœopathic physicians as medical examiners by life insurance companies was taken from the table, and the following resolution offered by Dr. Morgan was adopted :

Resolved, That inasmuch as only seven of more than thirty companies transacting business in this State have failed to respond favorably to the interrogations of Dr. Hawley, and as there is still a doubt of the actual position of the delinquent companies, it is deemed advisable to pursue the investigation and report at the next annual meeting.

Dr. A. R. Morgan was appointed a committee to report at the next meeting.

The recording secretary presented a communication entitled "*Importance of Pathological Indications in the selection of the Proper Remedy, illustrated by the action of Tartar Emetic*," by E. M. Hale, M. D., of Chicago, an honorary member of the Society. The secretary offered the following resolution, which was adopted:

Resolved, That the thanks of this Society be tendered to Dr Hale, for his interesting communication and accompanying illustrations, and that a copy be requested for publication in the transactions.

The recording secretary expressed great pleasure in presenting several very elaborately prepared papers, by Professor William Tod Helmuth, of St. Louis, an honorary member of the Society. These papers form a very valuable contribution to Homœopathic surgery, and being fully illustrated by photographs or good diagrams, will add very considerably to the appearance and usefulness of the third volume of transactions.

On motion of Dr. Wells the thanks of the Society were tendered to Professor Helmuth, for his able and interesting communications.

By Dr. L. B. Wells,

Resolved, That Dr. Carroll Dunham, having been previously nominated for permanent membership, be elected a permanent member of the Society. Adopted.

The recording secretary read a letter from Professor C. Dunham, of New York, expressing a deep interest in the prosperity and usefulness of the Society, and regretting his inability to attend the meeting. He also read similar letters from Drs. H. M. Smith, B. Fincke and Professor Geo. D. Beebe. He also presented and read a letter from Dr. Elial T. Foote, of New Haven, one of the pioneers of our system, expressing a deep interest in the continued prosperty of the Society, bestowing a fatherly benediction upon its members, and exhorting all to labor harmoniously for the general advancement of the Homœopathic system of medicine.

Dr. H. Barton Fellows presented a proving of *Phytolacca decandra*.

Dr. S. S. Guy presented and read a report enlitled "*Anesthetics in Obstetrical Practice.*"

By Dr. Morgan,

Resolved, That the papers now in the hands of the committee on publication, and that may be placed in their hands, be published at their discretion in the transactions of the society.

By Dr. Guy,

Resolved, That the thanks of this Society be extended to the retiring president and other officers for the able and faithful manner in which they have discharged the duties respectively devolving upon them.

By Dr. L. B. Wells,

Resolved, That the thanks of this Society be extended to Dr. and Mrs. Cox, for the elegant and sumptuous entertainment provided for the members of the Society at their residence on Tuesday evening last.

By Dr. Guy,

Resolved, That the thanks of this Society be tendered to Mayor Perry for the use of the Common Council room during the sessions of the Society.

By Dr. Guy,

Resolved, That a committee be appointed to devise means for the payment of a suitable salary to the recording secretary.

The President appointed Drs. S. S. Guy, L. B. Wells and A. R. Morgan.

On motion the Society adjourned.

The next meeting will be held in the city of Albany, commencing on the second Tuesday in February, 1866.

HORACE M. PAINE,
Recording Secretary.

ARTICLE III.

Address before the Homœopathic Medical Society of the State of New York. By HENRY D. PAINE, M. D., President, delivered May 10, 1864.

It is one of the most remarkable things in the world, and at the same time, one of the saddest and most lamentable, that the practice of medicine, an art of daily necessity and of daily exercise, which most nearly affects the dearest interest of mankind, and to the improvement of which we are encouraged and impelled by the strongest motives of interest and humanity, of love for our neighbor and zeal for our profession—should, after a probation of so long a period and a recorded experience of at least two thousand years, still remain, as it confessedly does in most respects, and as usually understood, an instrument of such doubtful and uncertain application.

Admitting, as we must, that in the nature of things it *is* one of the most difficult of all arts—dealing with elements and phenomena the most complex, variable, subtle and uncertain. Admitting all this, it must nevertheless, seem strange to the thoughtful mind, that with opportunities of daily observation, continued through so many centuries, and by so many interested and anxious observers, there should be so little, either in matters of fact, or theory, that can be considered as settled and established.

The phenomena of health and disease, and the effects of drugs and all other agencies capable of influencing the human system, however intricate and obscure, are truly matters of observation; and it would appear reasonable that in the course of time—longer or shorter—some fixed principles concerning the manner in which these phenomena and these effects occur, should have been evolved and established, and the relations between them so recognized and defined as to be made available in the cure of the sick, the relief of the suffering and the prevention of disease.

That the expectation, both moderate and reasonable, has not been fulfilled in any satisfactory degree, so far, at least, as the dominant and hitherto prevailing systems of practice are concerned, is evident. Not only have the wits and satirists of every age found in the uncertainties, absurdities and inefficiency of medicine, abundant food for their ridicule and their sarcasm, but thoughtful and philosophic men, both in and out of the profession, have admitted and deplored its low estate and tardy progress. There is scarcely a point relating to the nature of any disease or its proper treatment—or the nature, effects, and use of any medicinal agent, upon which there is not to be found the greatest diversity of opinion and practice among medical men. Not only do the writers of one age or country controvert and approve the views and practice of a previous era or another country, but cotemporaneous physicians of the same school and nation, of the same city or district, are far from being unanimous on these subjects. Nay, examples will readily occur to every physician here present, of professors in the same college, teaching doctrines and insisting upon principles utterly diverse and irreconcilable with each other.

Let us illustrate these remarks by an example. Among diseases that have been longest known and best described, none, perhaps, has received more attention, or been subjected to more extended observation, than Typhus Fever. A disease of acknowledged severity, of frequent occurrence and well marked symptoms, it has ever been studied with the closest scrutiny, and its nature, cause and treatment subjected to the ordeal of the most critical investigation, and at times the sharpest controversy. The most learned physicians of every age have devoted their wisdom to its elucidation, and the volumes that have been written upon it in all languages would, of themselves, form an extensive library. The essential character and most appropriate treatment of a disease so long and thoroughly known, so important and so interesting, must, long ago, it would seem, have become so well understood as to leave little occasion for further investigation or discussion. But a brief citation of the various opinions that have successively prevailed on these points, even within the last fifty or sixty years, will show that it offers no exception to the general statement respecting the instability of medical science. To avoid the suspicion of unfairness, I shall state the case in the language of one of the most candid and learned of Allopathic writers rather than my own:

"At the termination of the last century," says Dr. Bostock,* "while the doctrine of Cullen was generally embraced, Typhus Fever was called a disease of debility, and was, of course, to be cured by tonics and stimulants. No sooner was it ascertained to exist than bark and wine were administered in as large doses as the patient could be induced or was found able to take. No doubt was entertained of their power over the disease; the only question that caused any doubt in the mind of the practitioner was, whether the patient could bear the quantity that would be necessary for the cure. To this treatment succeeded that of cold affusion. The high character and literary reputation of the individual who proposed this remedy, its simplicity and easy application, bore down all opposition, and we flattered ourselves that we had at length subdued the formidable monster. But we were doomed to experience the ordinary process of disappointment—the practice, *as usual*, was found inefficient or injurious, and it was after a short time supplanted by the lancet. But this practice was even more short lived than either of its predecessors; and thus, in a space of less than forty years we have gone through three revolutions of opinion with respect to our treatment of a disease of very frequent occurrence, and of the most decisive and urgent symptoms."

And it may be added, that the treatment of the disease referred to has not become a whit more settled and satisfactory since the above melancholy exhibit was written. Within the memory of most of us the calomel treatment, the beef-steak treatment, the saline treatment, the turpentine treatment and the do-nothing treatment, has each had its day of popularity and its zealous advocates, and its equally earnest opponents.

What is true in regard to Typhus Fever might also be said with equal truth of almost every other disease with which humanity is afflicted. Considerations such as these have drawn from the most reputable writers

* History of Medicine.

mournful concessions of the general defects of the so called art of cure. Says Boerhaave: "If we compare the good which half a dozen true disciples of Æsculapius have done since their art began, with the evil which the immense numbers of doctors have inflicted on mankind, we must be satisfied that it would have been infinitely better for mankind if medical men had never existed."

The late lamented Dr. Abercrombie has well stated the case in the following remarkable language, which, although often quoted, deserves the serious attention of the contemners of medical reform and innovation: "Since medicine was first cultivated as a science," says he, "a leading object of attention has been to ascertain the characters and symptoms by which internal diseases are indicated, and by which they are distinguished from other diseases that resemble them. But with the accumulated experience of ages bearing upon this important subject, an extended observation has only served to convince us how deficient we are in this department, and how often, even in the first steps of our progress we are left to conjecture. An equal or even more remarkable uncertainty attends all our researches on the action of external agents upon the body. These engage our attention in two respects, as causes of disease and as remedies, and in both these views the action of them is fraught with the *highest degree of uncertainty*." And again, as with the keen edge of his truthful satire, he lays bare the weak foundations of professional assumption, he continues: "When in the practice of medicine we apply to new cases the knowledge acquired from other cases, which we believe to be of the same nature, the difficulties are so great that it is doubtful whether in any case we can properly be said to act upon experience as we do in other branches of science. * * * The difficulties and sources of uncertainty which meet us at every stage of our investigation, are, in fact, so *great* and *numerous* that those who have had the most extensive opportunities of observation will be the first to acknowledge that our pretended experience must, in general, sink into analogy, and even our analogy, too often, into conjecture."

It would be easy to fill many pages and to occupy the whole time of this address with similar extracts from Allopathic writers of the highest reputation of different periods. But these already quoted are surely a sufficient confirmation of the assertion that the boasted experience of the old systems has not, so far, resulted in the discovery and recognition of any fixed and settled principles of medical philosophy. And since medicine had a literature there never was so little unanimity in the teaching or practice of the profession as in our own day. There was a time, extending over hundreds of years, during which there was universal acquiescence in one system of philosophy, one doctrine of pathology, and one rule of practice. The writings of Hippocrates were, during those ages, held to contain the sum and substance of all medical knowledge, and he was the best physician who understood best and adhered most closely to the teachings of that "father of medicine." The medical writers of those days never ventured to controvert in the slightest degree his opinions or his statements. To explain, to enlarge upon, to illustrate them, was considered all that the wisest and the most experienced of his successors might presume to do.

When at length it came to pass that the Hippocratic doctrine lost its

hold upon the minds of men, and other systems and methods succeeded it, the profession, till then a unit, began to break up into schools and sects, each claiming for itself a superiority over all others, and too apt to denounce such as dared to think, or teach, or practice differently from the received authority. And the disintegration has gone on, in a sort of geometrical ratio, till in these latter days every physician claims to be independent, and prides himself upon the originality and peculiarity of his views. Every doctor forms his own theory and builds up his own system to suit himself, according to his preconceived ideas, or, as he believes, from his own experience; and one who should not profess to hold some notions different from his brethren would, very likely, be set down as a weak and servile imitator.

If in this we see good reason for congratulation that modern physic is emancipated from the clogs and trammels of ancient prejudice, and undue subjection to authority, we cannot but allow, at the same time, that it still exhibits a state of sad unsettledness and confusion.

These remarks and animadversions have special reference to what may be called the practical departments of medical science—those, namely, of Pathology, Therapeutics and the Materia Medica. For as they are of most immediate interest and concernment to us in the daily duties of our calling, so unfortunately, it is in regard to them that we have most to lament the lack of well defined and established principles.

This is the more remarkable when we consider the great progress made in such auxiliary sciences as anatomy, chemistry and physiology, as are embraced in the idea of a complete medical education. For of them it cannot be said that they have not partaken of the impulse of modern investigation and discovery, or that their earnest cultivation has not been fruitful of grand results. No branches of natural or experimental science have been, within these fifty years, more assiduously and successfully studied than these.

The anatomist is no longer content with a knowledge, however full and exact, of the more obvious structures of the body, the bones, muscles, blood vessels, nerves, viscera, &c., in all their various relations, but pursues his investigations into the deeper recesses of their organization, with a zeal that can only be appreciated by those who know something of the difficulties to be encountered. There is no artery but has been followed to its farthest ramification; no nerve but has been traced through all its delicate thread-like windings; no tissue, or membrane, or fibre but has been separated and displayed, and the form and arrangement of its ultimate structure determined. Where the eye and the scalpel have failed, chemistry and the microscope have been summoned to carry out the inquest. Microscopical or minute anatomy has, in these later years, almost reached the dignity of a distinct science, wonderful in its accomplished revelations, but promising still greater results in the future.

The achievements of modern chemistry, from their character and their extensive relations with other branches of science and the arts, are more generally understood and appreciated. They have, indeed, been of the most surprising description, and have elevated the science to a position as much superior to the alchemy of the middle ages, as modern astronomy is to the astrology of the same dark period.

If as much cannot be said of physiology, it is not from the want of diligent and enthusiastic cultivation, but rather from the difficulties inherent in the science itself and the later period when correct principles of investigation were applied to it. It is indeed but a few years since a high authority on this subject felt warranted in using such language as the following:

"Would that I could say of physiology—in the language of Bacon, 'the science of ourselves'—that it has pursued the same course and undergone the same metamorphosis, as the physical sciences. But unfortunately this is not the case. Physiology is still in the minds of many, and in some of our books a mere work of the imagination. It has its different creeds, and opposite and contending sects. * * * In a word, it may be said to be the frame-work of a religion strangely filled with scientific terms."

But under the influence of a more careful observation and rigid scrutiny of facts, physiology is rapidly taking rank among the most progressive of its sister sciences. The functions of many organs and tissues have been ascertained—the circulation and composition of the blood—the seat and channels of sensation—the power and direction of the muscular forces—the phenomena of nutrition, secretion and reproduction—the processes of decay and transformation, have been demonstrated and described.

But while we gratefully recognize the progress which these important sciences have made, and admire the proud position they have reached, so much more marked is the contrast between them and those branches of learning which are properly embraced in the term "Practical Medicine," which have to do with medicine as an art and a profession, and to the perfection of which those auxiliary and collateral studies are, or ought to be subservient. The value of anatomy, chemistry, botany, pharmacy, and other kindred branches, to the practising physician, consists in the advantage he derives from them in relieving and curing his patients in the surest, safest and easiest way. It is to this end and for this purpose that he has spent his years of pupilage in the laboratory and the dissecting room, and mastered the hard, dry technicalities of the schools. However interesting these studies may be in themselves (and none are more deserving of cultivation), how immeasurably more important would they be to us as practising physicians, if by their means we were taught the mysteries of disease—its secret causes and its essential nature—or the most potent agencies for its removal, and the restoration of the sick to health and vigor. But it must be admitted that no such advantages to practical medicine have followed from the labors of the anatomist, the chemist, or even the physiologist, as might naturally have been expected. Though they have wonderfully enlarged the boundaries of our knowledge in other directions, yet in the one point of greatest interest to us as a profession having the charge and responsibility of the sick upon our hands, they have almost entirely failed to enlighten us. The most accomplished anatomist has not yet been able to discover the essential nature—the proximate cause—of a fever, an inflammation or a neuralgia. The most expert chemist cannot conjecture why one drug acts upon the nerves and another on or through the blood, nor why two poisons which may be almost identical in composition produce such varied effects. Nor can either of them answer

one in a thousand the questions that concern the relations which drugs and other agents bear to the human system in health and disease. So, while all other sciences grow apace, and in their progress and results excite our constant admiration, the science of Therapeutics and the art of cure yet linger far behind.

The cause of this tardy advance in an art the most needful and the most important of all that relate to this life, may be found in the neglect of a true system and course of observation. Not but that there have always been anxious watchers of the phenomena which sickness, disease and death furnish to the world daily. But it is the misfortune of our profession, that in it there has ever been a supremacy of theory over fact, and a loose collation of experiences, not for the purpose of laying the foundation of a legitimate practice, but rather with the object of building up and fortifying systems preconceived.

It is as true now as it was thirty or forty years ago, when it was asserted by the learned Dr. Todd that he felt himself "fully warranted by long and ample experience, in affirming that whether it be considered in its scientific relations, or in its practical details, no department of knowledge so urgently demands the wholesome reform of a close and scrutinizing induction." Or, as Dr. James Johnson asserts,* "much of the uncertainty, obscurity and difficulty which is encountered, has arisen, and continues to flow from the irrational manner in which medicine has been taught and studied. This no one can deny who is capable of forming any opinion upon the matter. * * * General inferences are drawn from particular premises—individual cases are made the models of entire epidemics—effects are confounded with causes, and causes with effects, the sequent with the antecedent, and the antecedent with the sequent—resemblances are discovered where none exist, and points of difference are detected where more minute inquiry would have found nothing but accordance."

If medicine is less a science of experience than other sciences, is it not owing to the fact, admitted by many candid writers, that the instrument and art of experience have never yet been properly applied to it? There certainly does seem to be no reason why the medical facts that have been accumulating since the fall and to which each day adds a larger store, should not be subjected to the same rigid scrutiny, and brought within the grasp of inductive reasoning, and made to stand on the same footing as those of other sciences of observation and experiment.

It will not be denied that there are some impediments in the nature of the case, that render the application of these rules to medicine peculiarly difficult, but these can be overcome, it cannot be doubted, by the repeated labors of many, honestly and truly undertaken and persevered in. "If the method of observing was reformed, and the observation subjected to the assay of a searching induction," hopefully says Dr. Todd, "it is impossible to foretell what might be the happy results; and certainly not before such a trial has been fairly made, is it allowable to say that medicine cannot be elevated to the rank of the other sciences."

Even before these words were written, was this necessary and desired reformation begun. For already was the foundation laid, and even the

* Med. Chi. Rev., xvi, 38.

superstructure had taken shape, of a system of practical medicine built upon pure observation and a rigid analysis. Discarding all preceding theories and divesting his mind, as far as possible, of all merely hypothetical preconceptions as to the nature of disease, and the relations of remedial agents to the human system, Hahnemann devoted his great genius to the development of a therapeutic law from a cautious comparison of authentic facts sifted from the husks and chaff of theory and conceit.

It does not fall in with my design to entertain you with an account of the rise, history and progress of Homœopathy, or an exposition of its principles and peculiarities. The life and character of Hahnemann—the gradual unfolding of his great discovery—the painful trials and impediments with which the new method has had to contend, and its present favorable position, would each be a fitting theme for the present occasion. But the discussion of these topics has so frequently engaged your attention both in the proceedings of the Society and in the standard publications of our school, that I forbear to occupy your time on this occasion, with a repetition of statements and arguments with which my audience are already familiar.

I shall content myself with saying, in this connection, that we claim for Homœopathy that it fulfills the required conditions of that long desired reform in medicine more completely than any system of treatment that has gone before it. It stands upon the platform indicated by the most candid and thoughtful minds, namely: that of a pure, cautious and repeated observation, systematically pursued, and tested by experience. As the result of proceedings so conducted, under the guiding genius of Hahnemann, has been evolved, that beneficent law of cure, expressed in the brief but comprehensive formula, SIMILIA SIMILIBUS CURANTUR, and which is destined to accomplish, sooner or later, a complete revolution in medical philosophy and medical methods. It is no mere hypothesis first formed in the mind of the proposer and then defended by a partial and imperfect selection of proofs, like the multitude of fanciful systems that preceded it; but a legitimate deduction from authentic facts well weighed and compared.

The announcement of a discovery so important and fraught with consequences so momentous to medical science, by a man of the acknowledged high character and reputation of Hahnemann, could not fail to attract attention. But it was not to be expected, considering the usual fate of similar discoveries, that a principle and the system built upon it necessarily involving a complete reconstruction of the art of healing as heretofore established, would be accepted without opposition, denial and even ridicule. What treatment it has experienced at the hands of the profession, both in the old world where it was first promulgated, and in this free land under more liberal and, as we claim, more enlightened political institutions, is well known to all.

Not only has the system itself been assailed with ridicule, but its advocates and practitioners have been subjected to obloquy, professional discourtesy, and all the enginery of vindictiveness.

While we cannot pause to disprove every false allegation, or to confute every sophistical impeachment that our opponents may bring against us, it seems fitting on this occasion to notice an assault made by the Allopathic Medical Society of this State, speaking through its president, Dr. Thomas

Hun, and published in a late volume of the "transactions" of that society. In his annual address delivered before the society in 1863, upon the "Influence of the progress of Medical Science upon Medical Art," Dr. Hun recognized the fact "that a great revolution in medical practice is going on; that the notions which have prevailed, and to a great extent do still prevail, as to the objects and limits of our art, require great modifications, and that our pretensions in the healing of disease must be far more humble than they have been." He exposes the false and mischievous assumptions of the "regular" profession, and speaks of its "errors and impostures" in language that would be considered as abusive if employed by one of another school. He justifies the ridicule of the satirists and the criticism of the grave, which have served, as he declares, "to expose our exaggerated pretensions in the cure of disease, and to show on how slight a foundation our routine of practice reposed." While he deplores "what has happened in the dark paths which we and our predecessors have trod," he is not less emphatic in asserting the necessity for a complete reconstruction of the old systems of Therapeutics.

It may readily be believed that the bold and emphatic expression of sentiments like these from one holding so distinguished a position in the Allopathic ranks, would not fail to excite among his brethren feelings of dissatisfaction and alarm, as savoring over much of professional insubordination and an implied approval of Homœopathy. So marked, indeed, were the signs of disapprobation in certain quarters, that in order to counteract the not unnatural "misconstruction," which he admits some have fallen into, and to set himself right upon the record as an orthodox Allopathist, the doctor deems it necessary to append to his published address at attack upon Homœopathy and its friends, in the form of a note, in which, among other things, he gravely discusses the important question, "Is Homœopathy quackery?" Of course, the anticipated answer to the question thus propounded could only be in the affirmative, else why should it have been obtruded into the discussion; but those who heard or have read only the address, will be interested to learn by what peculiar line of argument the predetermined result is reached.

It is foreign to my inclination to reply to attacks of this nature, and under ordinary circumstances I should pass this one by unnoticed; but the position of Dr. Hun, as presiding officer of the Allopathic State Medical Society, and his general reputation for liberality and learning, invest his specifications with an importance which they would not otherwise possess, and seem to render some rejoinder desirable. I propose, therefore, to occupy the remainder of the time assigned to me by a review of the assumptions of Dr. Hun in regard to Homœopathy, as the latest phase which the opposition to our science has assumed.

The animus of the assault deserves only a passing notice, as we can afford not to reciprocate it, but the logic employed by Dr. Hun and the concessions made by him, are noteworthy indications of the present attitude of that controversy which agitates the medical world, and which especially keeps the old schools of practice in a ferment of uncertainty and misgivings.

Dr. Hun admits the errors and impostures of the "regular" profession; he admits that Homœopathists, as a class, are not chargeable with that sort of quackery which consists of dishonorable and indecorous professional conduct; he admits that most of them "have gone through a regular course of instruction, and have been pronounced by the proper boards qualified to practice," so they cannot be charged with gross ignorance; he admits that there are many "eminent lawyers, learned divines, shrewd and prudent merchants, who conduct their affairs with discretion," who are capable of "forming a sound judgment on any subject, and who yet adopt the Homœopathic system of practice for themselves and their families;" he admits that "a great many recoveries take place under Homœopathic treatment," and he allows also that "there is no fixed orthodoxy in medicine," and that, within Allopathic limits, "the common sense of the profession does not call a man a quack nor exclude him from association, simply because he is thought to be absurd and wrong-headed, nor even because he promulgates a system, which, like the exploded system of Brousais, is deemed false in reasoning and pernicious in practice."

As Homœopathists we may feel under no particular burden of obligation for these concessions, extorted as they are by palpable facts from lips all too reluctant to praise and all too ready to censure; but the "general world" of mankind may well adopt a vote of thanks to Dr. Hun for his exposure of what is not deemed quackery *inside* of the "regular profession;" and it goes very far towards neutralizing all testimony from the same source against what may be denounced as quackery *outside* of the said "regular profession." For, by the showing of Dr. Hun, a man may adopt and propagate a system which is regarded by his brethren as "false in reasoning and pernicious in practice," i. e., injurious or fatal to the patient; and yet the common sense of the profession will not suffer him to be called a quack, nor exclude him from association and recognition as a "regular," so long as he sails under Allopathic colors and maintains professional decorum. He is thus obliged to say, in substance, we cannot stigmatize any physician as unworthy of public patronage and professional confidence, merely because he is so wrong-headed as to persist in a method which we see kills instead of cures, for then we should be obliged to brand a portion of our own number as quacks—nothing is quackery which is scientific, and nothing is scientific unless it is Allopathic.

What then, it may well be inquired, are the grave delinquencies of a system which, like Homœopathy, is adopted and approved, and trusted by educated and conscientious men, (which, so far from being "pernicious and injurious," has proved to be eminently safe and successful in practice) that it should be proscribed as quackery, and its practitioners denied the common courtesies of the profession that are freely accorded to the "absurd and wrong-headed" Allopathist?

Dr. Hun holds the following language: "Though great latitude of opinion is tolerated in medicine, yet, to this, there must be some limits. The most opposite doctrines may be promulgated; the most opposite modes of practice may be proposed, and yet neither party claim the right to turn the other out of the profession; but, after all, there must be some show of sense or reason in these doctrines or this practice. There must, in fine

be some limits to the absurdities which a man may be allowed to maintain. Now, Homœopathy passes those limits."

Very good; there is such a thing as quackery; and both the profession and its patients have good cause for a wholesome horror of it. But what are those limits, beyond which if a physician passes he becomes a quack? Since, in Dr. Hun's opinion, mere fatal error, or the habitual sacrifice of the patient's interests to a false and pernicious system, does not militate against good fellowship with the profession; since "the most opposite doctrines may be promulgated, and the most opposite modes of treatment may be proposed," without incurring the terrible charge of quackery, where is the boundary line?

Dr. Hun proposes to find it at the point of self-evident absurdity, and he declares that Homœopathy is justly obnoxious to the charge of quackery, because it passes beyond those limits It has no "show of sense in its doctrines, or of reason in its practice." "It is so absurd and illogical that its refutation is difficult, only because logic cannot grasp propositions so utterly unreasonable."

This is the dire offence which, in the judgment of Dr. Hun, merits so severe a sentence. Not because Homœopathy is unsuccessful or injurious; not because its practitioners are ignorant or uneducated; nor because they resort to dishonorable or unprofessional ways of attracting attention or extending their practice, for none of these things are charged against us; but because it is self-evidently *absurd*. It might be unfounded in right reason, and unsafe—even "pernicious"—in practice; but if there were only some plausibility in it—"some *show* of sense or reason," it might still have escaped the censure so glibly passed upon it. But "absurdity" is such high treason against the whole medical fraternity, as at once to deserve the forfeiture of all professional rights. If any complain that an unwarranted discrimination is thereby made against us and our system, while "in the past we find many *absurd* pretensions to blush for," as well as "many fatal errors to deplore," which, nevertheless, did not debar their authors from professional comity and respect—if any think it a little hard that we should be worse treated than the disciples of Broussais who, "although their master was called *absurd* and wrong-headed," and his, now exploded, system was denounced as "false in reasoning and pernicious in practice," were never called quacks, nor excluded from association with the rest of the profession; they should remember the important and "self-evident" distinction that those absurdities were not *Homœopathic*. That makes all the difference. At least I think it would be difficult to discover any other.

The charge of "self-evident absurdity," although a convenient method of avoiding discussion, is not always conclusive as to the final judgment of mankind. It has often before been made in reference to ideas, discoveries and inventions, the truth and value of which time and experience have ultimately demonstrated and confirmed. In these days especially, when the developments in science and the arts are constantly obliging us to modify or completely change our former views, it behooves us not to be too bold in our denials, nor too hasty in denouncing as absurd, every thing that appears new or unusual.

Dr. Hun compliments Homœopathy as having been "for twenty-five years the prevailing medical heresy." He allows that its practitioners have, as a class, "gone through a regular course of instruction, and have been pronounced by the proper boards, qualified to practice." He admits, as we have already seen, that "there is a class in which are found eminent lawyers, learned divines, shrewd and prudent merchants, who conduct their affairs with wisdom and discretion, and who yet adopt the Homœopathic system of practice for themselves and their families;" and he might have added, that in every community, where the system has been fairly represented, its chief adherents and supporters are of that class. It is not among the ignorant and the uncultivated that it makes its first and its firmest converts. It is only by slow degrees that it gains the confidence of the lower classes, who are much more likely to estimate the value of a prescription according to its size, the number of its ingredients, its nauseousness, or the immediate impression it makes upon the patient. But Dr. Hun knows perfectly well, or he may know if he will take a little pains to inquire, that the patrons and upholders of Homœopathy are everywhere, those who are not only "eminent," "learned" and "shrewd" in their several professions and conduct their own affairs "with wisdom and discretion," but that their very habits of weighing evidence, examining testimony, looking after their interests and regarding all subjects from a practical, utilitarian and common sense point of view, enables them to form as sound a judgment on medical matters as those whose prejudices, instincts or interests lead them to adhere to the old routine.

Now, is it altogether modest in Dr. Hun, or any man, to pronounce the sentence of "self-evident absurdity" upon a doctrine science, or practice, that is accepted, believed in, and trusted by men of this class? Nay, is it not the height of presumption? For twenty-five years Homœopathy has been the "prevailing medical heresy." Its practitioners are men of regular medical training, have observed all the legal and usual requirements, have been pronounced by proper (Allopathic) judges qualified by education, moral character and decorous deportment, to assume the duties and responsibilities of a profession scarcely inferior in importance to any other. Who shall say that they are less qualified than others to form opinions on subjects of controversy, or that in changing their views or adhering to this practice they have been influenced by more unworthy motives than those who, with or without examination of the subject prefer to remain Allopathists? Dr. Hun concedes the right of every man who has learned his profession "to form opinions and adopt a practice according to the best light he can find." Is it not to be presumed that Homœopathic physicians have exercised this right conscientiously and intelligently?

For a quarter of a century, and more, many "learned," "shrewd," "eminent," "wise" and "prudent" men have been treated according to the method of this "prevailing heresy"—they have preferred it for themselves—they have trusted to it those more dear than themselves—but they have not yet discovered its "self-evident absurdity." And is it not somewhat remarkable that a system so far "beyond the reach of logical refutation" because of its utter absurdity, without any unprofessional or indecorous propagandism on the part of its advocates, without resort to dishonorable

and clap-trap expedients to gain popularity, and in spite of the persistent opposition of the so-called "regular" profession, should for so many years have maintained its hold upon the confidence of the public, making converts from Allopathic ranks, extending itself in every civilized country, establishing its dispensaries, hospitals and schools, gaining in strength and influence where it has been longest known, and yet at this time be more than ever, the prevailing medical heresy? That the system is safe, efficient and reasonable, we have the evidence of thousands of scientific, shrewd and thoughtful men, who have tried it in the crucible of actual experience for a series of years. That it is "self-evidently absurd," we have the assertion of Dr. Hun.

That large and respectable portion of the non-medical public—that it is both large and respectable is conceded—who, after more or less experience and observation of its benefits, discard the old system—who so far agree with Dr. Hun as to believe it "unworthy of the age and the present condition of science," and choose Homœopathy instead as being more safe and successful—are excused for their defection on the general ground of ignorance, notwithstanding their learning, their shrewdness, their prudence in ordinary affairs; in regard to the merits of medical systems they are strangely uninformed and indifferent. "The truth is," says our author, "these men neither believe nor disbelieve in the system. They have not taken the pains to examine into it, and do not know exactly what it is. Just as this same class of men is in general, unacquainted with the medical doctrines of the regular profession."

What is it then that induces these otherwise discreet and prudent people to forsake the good old ways of Allopathic orthodoxy for this silly delusion, this "prevailing heresy" of Homœopathy? What strange hallucination beguiles these usually sensible men to trust their dearest interests to such a "self-evident absurdity?" We need not go beyond this same address for a solution of the difficulty. Let us hear our learned author's explanation of it. "That which they do believe," says he, "is that sick persons, when treated according to the Homœopathic system, recover at least as well as when treated according to the regular practice, thus founding their judgment, not on the reasonableness of the system, but on what seems to them to be its fruits." Well, is not that a reasonable foundation for their judgment? And is not even the unlearned and way-faring man competent to judge of medical systems as well as of moral character, by the fruits exhibited? But Dr. Hun has more to say on this subject. "It is within the recollection and experience of most of those here present, that no person, whatever might be his age or circumstances, was allowed by his physician to go through an attack of measles or scarlet fever, or indeed *any disease* however grave or slight it might be, without being made to swallow a certain amount of nauseous and nauseating medicine which greatly increased the pain and discomfort of the sickness; and the administration of this medicine was held out as absolutely necessary for safety. Now the Homœopathist, in similar cases, is seen to give an infinitesimal dose in a palatable form, *and* [remember Dr. Hun is still on the stand] *the patient recovers equally well.*" Now if that is the case, that the comparatively pleasant and gentle treatment of the one system is equally efficacious with

the nauseous and distressing method of the other, why should not those who only seek to be cured naturally choose the pleasanter way of obtaining the desired relief, whether they understand the philosophy of the system or not. They may not know or care to understand the *modus operandi* of the remedies, but they are just as competent to appreciate their effects as a medical professor or even the President of a State medical society. What matters it to the poor victim of intermittent fever whether the quinine that cures him does so by virtue of its action on the nervous system, upon the blood, the ultimate fibre, or the liver; whether it acts as a tonic, or as an astringent, as an anti-spasmodic or an anti-periodic; and is he not as well qualified to judge of its salutary effects as if he were familiar with all the various and conflicting theories on the subject that have been advanced during the last two hundred years? Why should prudent and sensible men ignore the evidence of their senses, because they cannot or do not comprehend all the why and wherefore?

But if a "mere statement of the Homœopathic doctrine is sufficient for its own refutation," with all rightly constituted minds, suppose Dr. Hun inaugurates a holy crusade against the prevailing ignorance on medical subjects. A mere statement of the fundamental principles of the Homœopathic way of cure could be embraced in a pamphlet of moderate size, and if widely disseminated might tend to dispel the general darkness. We would be happy to join in such a charitable enterprise, especially if it included a statement of the principles of Allopathy, and such an exposition of its advantages as might be derived from his own essay. I would respectfully suggest such extracts as the following from that interesting production:

"Assailed from within and without, our profession presents the remarkable spectacle of an art sinking in public estimation and in the confidence of its own practitioners, while the science on which it is founded is applauded for the conquests it is constantly making. It has even been said of us, as of the priests at the decline of paganism, that two physicians in the practice of their art cannot look each other in the face without smiling at the credulity of their dupes."

"Nor is it among the public only that confidence in our art is impaired, for even in our own profession are to be found men remarkable for intelligence and scientific attainments who are led by their science to a state of practical skepticism."

"In the past we find many absurd pretensions to blush for, and many fatal errors to deplore, and even in our own day a routine of practice still prevails which is unworthy of the age and of the present condition of our science."

"There must be some cause for this error of the public, and we may safely assume that if our profession had been altogether worthy of confidence, it would not have been treated with distrust by men of intelligence and sound judgment, who are at least sincere in their choice; for what they first of all wish for is the restoration of health, and not the gratification of any spite against our profession."

"The success of Homœopathy, which for the last twenty-five years has been the prevailing medical heresy, has been due not to any merit of the

system, but to the previous errors and impostures of the regular profession."

"In most cases there is nothing to be done but to watch the patient as the disease runs its course."

"But the advocate of Homœopathy replies to the explanation I offer: If nature suffices for the cure of these diseases, why is it that formerly, and even at this day, so much disagreeable medicine is given in these very cases by physicians? To this I know of but one answer: The profession has been and still is in error. Much of the medicine given was and is unnecessary and even hurtful."

With this plain statement of the case, so easily made and spread before the public, all eager, as you well say, "for the restoration of health, and not for the gratification of any spite against our profession," who doubts that the door of every intelligent household would soon be closed against Homœopathic humbugs, since all persons, with rightly constituted minds, would prefer to be scientifically killed rather than absurdly cured.

I am not willing, however, to concede so much ignorance on the part of the advocates and patrons of Homœopathy as is taken for granted by Dr. Hun. I believe that the experience of the members of this society will sanction the statement that there is among the intelligent class of Homœopathic laity no small amount of information on medical topics, and a discriminating appreciation of the peculiarities and principles of the system they have espoused, as well as a much better acquaintance with the theories and methods of our opponents than is usual among those who still adhere to the Allopathic regime. Several admirable expositions of the system of Hahnemann have been prepared by non-professional men. The able and satisfactory essays of Eustaphieve, Everest, Wilkinson and others of this class, have rendered important assistance in extending a knowledge of our principles and treatment; while various familiar treatises of like character by physicians have been written and published to meet the popular demand.

As Dr. Hun disposes of the *doctrine* of Homœopathy by this summary sentence of self-evident absurdity, and so refuses to reason concerning its truth, we are bound to conclude that he has disposed of its *facts* in the same way, and by refusing to receive them as evidence. The assumption that our doctrine is absurd, has compelled him to the consequent assumption that our practice is futile. He cannot repeat against Homœopathy the charge of being pernicious and dangerous, as he allows much of the practice of his own school to be. Our dose is too small for that, it is simply powerless, a nothing, a cheat. We make our patients believe they have swallowed medicine when they have only tasted sugar, or water! But still the facts, the countless cures alleged to be wrought in our practice, and attested by so many competent witnesses in all classes of society, must be somehow resolved into fancies and phantoms, or they may seem like evidences to rebut the charge of self-evident absurdity. And how is this to be done? Dr. Hun has found a method of explaining our *apparent* success, viz: Homœopathy counts among its cures only those cases in which recovery would have taken place without medicine. It creates a reputation out of nothing "by giving frightful names to mild diseases," (a

trick which, by his own showing, we might have learned from the "regulars," who, as he suggests, often leave on the mother's mind the impression when a child has recovered from spasmodic croup "that if the doctor had not diligently used remedies it would have passed into membranous croup.") And so he leaps to the predetermined conclusion required by his theory of absurdity, and sweeps all recovery under our treatment into the same category of "mild diseases." The cases given over to death, or too malignant to be reached by any art or agency of Allopathy, and yet made every whit whole by the absurdity of infinitesimal doses, are conveniently left out of the account. Authentic reports of some chronic disease successfully treated according to this method, after the patient had spent all his living upon the old school of physicians and was nothing bettered, but rather grew worse, are accessable to Dr. Hun at any time when his mind may be open to conviction. Yellow fever is not generally ranked among mild diseases, yet in 1843 the Trustees of the Mississippi Asylum, at Natchez, after a fair trial of both systems, felt obliged to dismiss Allopathic treatment altogether in that disease and adopt Homœopathy exclusively. Cholera is not yet accounted a mild disease, yet statistics from different hospitals in Europe and America show that when Allopathy was losing from 46 to 75 per cent. of its cholera patients, our practice was losing from 13 to 33 per cent. And are the families which patronize Homœopathy peculiarly favored with exemption from malignant and violent sicknesses? Does it not occur to some "well constituted minds" that among the many "shrewd and prudent" people who have accepted us through a term of years as their family physicians, there ought to be now and then one whose intelligent solicitude for the relief of his suffering household would sharpen his eyes so as to see that our remedies are powerless?

At the outset Dr. Hun virtually, though unwittingly, acknowledges himself disqualified to testify concerning the merits or demerits of our system. The convenient and easy charge of self-evident absurdity, carries with it not only a refusal to reason or be reasoned with, but also a confession that the matter has not been deemed worthy of any other than a superficial examination. This is a confession of ignorance arising from prejudice or prejudgment—a confession of mental condition which utterly unfits any man to express or even form an opinion on any given subject. Newton's rebuke to Halley was severe as courteous, "I have studied this matter, you have not." Solomon's rebuke to that self-sufficiency that presumes to pronounce judgment without examination, is somewhat sharper, "he that answereth a matter before he heareth it, it is a shame and folly unto him." Dr. Hun is a man of wide and various knowledge; I do not seek to discredit his judgment in matters of which he is competent to speak, but of Homœopathy it may be both a misfortune and a fault that he is wholly ignorant.

Is not this a marvel in the history of a great and beneficent science? A hundred men having brought all their wit and wisdom to the work of testing an alleged improvement, unanimously speak out of their personal knowledge, and as unanimously declare that this alleged improvement is real and worthy of acceptation; they affirm that it is founded in truth and justified by experience. Another hundred, equally interested in the object of the improvement, not only refuse to examine for themselves or to receive

the testimony of others, but denounce as knaves and fools those who commend the improvement to public notice.

I have no defence to offer to the Doctor's charitable hypothesis by which he accounts for our adoption of a system so absurd, illogical and unreasonable in the following terms: "Those who are capable of making advance in science do not adopt such a system except for the sake of money." As Allopathic physicians are never known to charge anything for their professional services, the full and undivided force of this blow falls on us with crushing weight!

But Dr. Hun has yet another and more serious ground of accusation against the object of his assault. Its principles are not only irrational, illogical and absurd, its pretended success in practice illusory, its practitioners mercenary and dishonest, and its learned, shrewd and prudent dupes ignorant of the theory to which they trust their health and lives. It is not only all this, but more than this; Homœopathy is recreant to the traditions of the profession. According to this authority "the Homœopathic system discards the whole body of medical science as constituted by the labors of successive generations, and founds the art of healing on something entirely different from this science."

Suppose that it were true. Two suggestions immediately occur to the mind as a counterpoise to this indictment, or at least as an extenuating plea. The first is, that neither to the humane and conscientious physician, nor to his sick and suffering patients, can it be of much importance whether the method of treatment pursued accords with the traditional notions of the schools or not, if only it is successful. I understand that it is the chief duty of the medical man to consult, first of all, the interests of the sick who may be entrusted to his care, rather than to vindicate any particular theory however plausible it may appear to be; and that he is bound to cure them, if he can, by the surest and most expeditious means available. No matter whether those means are consonant with his accepted hypothesis or no, if he has sufficient testimony to their efficacy and superiority, he has no right to deny his patients the advantage of their application. Not he who adheres most rigidly to the dogmas of his accepted theory, or blindly follows his system through thick and thin, is most likely to deserve the confidence of his patients, but rather he who, rising above mere hypothesis, is willing to acknowledge the supreme logic of facts whether they tend to confirm or contradict his preconceived ideas.

The second suggestion that naturally occurs to any one who has carefully followed the doctor's argument is, that even though the charge contained any real force, it comes with an ill grace from one who has just laid himself open to the same imputation. In the course of his address, Dr. Hun has freely indulged in animadversions on the errors and abuses, the baseless theories and pernicious modes of treatment prevalent in his branch of the profession, and has asserted, without qualification, the necessity of departing from the worn-out systems so long followed, and a reconstruction of therapeutical tenets more conformable to the advanced and improved condition of modern science. It would be difficult to mention any notion or principle heretofore held and accepted as a part of any medical creed, that he does not, either directly or by implication, repudiate and deny—any recognized mode of treatment that he does not scoff at as

nugatory or injurious. Even the idea, universally received and acted upon by all medical authority in every age, that diseases are curable by medicines, *he* pronounces a "pestilent heresy." We have seen that, according to his own statement, "the most opposite doctrines may be promulgated and the most opposite methods of treatment may be proposed," without the risk of professional excommunication. We are also informed that "there is no fixed orthodoxy in medicine," and that "each man, having learned his profession, is allowed to form opinions and adopt a practice acccording to the best light he can find." What to him, as he passes the actual state of the profession in review, are the old axioms, the established methods, the stereotyped routine of his own school and its practitioners? Now, he carricatures the absurdities which he holds up to view, and now brands with a darker character the faulty and injurious practice which he stigmatizes as it deserves. He discards, without hesitation, the most venerable and cherished opinions, and looks forward to the establishment of new and better principles of medical procedure.

Now, having gone thus far, he may not be bound to accept Homœopathy; but we hold that he is obliged to exonerate it and its professors from the trammels of an effete system, which he himselfs rejects. Refusing himself to be restrained by the tenets of preceding systems, and proposing principles of treatment which, whether true or not, are utterly incongruous with the traditional teaching of any age, I submit that *he*, at any rate, cannot, consistently, charge any system with quackery or irregularity on the ground that it also ignores those traditions.

But the truth is, so far as Homœopathy is concerned, that the accusation is unfounded, and Dr. Hun wastes his ammunition when he directs against the system of Hahnemann the charge of disregarding the traditions of medical science to found a science *ab ovo*. We recognize the truth equally with him, that "every great catholic doctrine has its roots in the past," and that every science has its traditions, the slowly gathering results of manifold strivings after truth—often obscured and overlaid with error and crude conceits—often mixed with vague speculations—and sometimes well nigh lost and forgotten—but still the legitimate basis of all subsequent improvement. Instead of discarding those traditions, Hahnemann's great discovery reconciles all that was true in their seeming contradictions, and illuminates what was dark in their applications by solving that primal question which has been the perplexity of all the past. So far from being without "roots in the past," it is the ripest fruit of all previous experience and inquiry. "Not to destroy, but to fullfil," was Hahnemann's mission, for while his system abolishes and supplants a useless, cumbrous and outworn medical ritual, it does yet preserve and exalt, in sublime and simplified form, all that was true and beautiful and good.

Dr. Hun charges against Homœopathy that, "although the system has been in existence more than half a century, and has been well known over the world more than thirty years, so that a medical generation has grown up under it, yet it cannot show a single improvement in medical science by one of its professors." Indeed! and is it no improvement in medical science to have discovered and verified its own fundamental principle? Is it no improvement to have multiplied the facilities of medical art? Does

the vast task of reorganizing the *Materia Medica*, legitimating the selection of remedial agents by the collection of countless cases and often by experiment upon our own bodies, pass for nothing with a devotee of science, who can yet afford to rejoice over microscopic discoveries in a fungus? In the body of his address our essayist laments and deplores the defective condition of *practical* medicine; compared with the brilliant results attained in the correlative sciences, he admits that the view of the practical side of the question is far from flattering. The established and inevitable treatment of a few years ago he scruples not to impugn as "barbarous," and adds that, "even in our own day a routine of practice still prevails, which is unworthy of the age and of the present condition of our science." Now it is just in this department—on all hands confessed to be the weak point in the profession, and the most essential—that the discovery and application of the Homœopathic law of cure is destined to accomplish the most splendid results. Great as has already been the improvement effected in therapeutics by its partial adoption and limited development, far more important advantages to suffering humanity may, assuredly, be anticipated when the resources of the system are better understood and more widely extended. Surely it would seem that every well intended effort, however feeble, towards improvement, when improvement is so much needed, ought to be encouraged rather than decried. And are we to have no credit either for having compelled Allopathy to revise and ameliorate its own methods? For, I suppose, it will not be denied that, whatever modifications have been introduced into the old school medical treatment, during the last thirty years, tending to increase its usefulness, or, at least, to mitigate its inflictions, have been in great part due to the influence and example of Homœopathy.

While frankly admitting that we have as yet done little for the furtherance of medical science in some directions, we claim to have more than balanced the account by our diligent pursuit of a new department of inquiry which has yielded practical results of the highest importance to humanity, and is destined to effect still greater achievements in the future.

We recognize the great value of all knowledge which gives the physician a more intimate acquaintance with the mysteries of life, its instruments, its processes and its relations to external nature; yet we shall be able to excuse those treasure-hunters who are comparatively negligent of grains of silver because they are finding nuggets of gold. Of the absolute value of Anatomy, Physiology, Animal Chemistry, &c., there is no question: concerning their relative value, no one knows better than Dr. Hun, that there is room for honest difference of opinion. A certain degree of knowledge in these and all cognate sciences is indispensable to the physician as mathematics to the navigator; but the most skillful anatomist, or the best read physiologist or expert chemist, is no more sure to be the most successful clinical practitioner, than the best mathematician is to be the safest seaman. Few physicians in active practice can pretend to keep even with the rapid advances in either of these branches of knowledge. Even the limited acquaintance with them that enables a candidate to pass examination, grows rusty with years, their technical details fade out of the memory,

or are crowded into the background by the more practical and pressing facts to be met and mastered in every sick-room.

We, nevertheless, protest against the injustice which charges us with indifference to any department of inquiry which can have any bearing, however remote, on the progress and improvement of our art. It could hardly be expected, however, that in its first half-century, Homœopathy should outstrip the progress made by Allopathy in three thousand years, especially in those directions pursued by both schools in common, and for which the older had almost a monopoly of facilities. Nor is it to our discredit that we have not been kept by a false pride from availing ourselves of the help which comes from other men's labors. The very fact that the old school institutions and *savans*, half-despairing of success in Therapeutics, are pushing their researches in subordinate and collateral branches, and that the rich results of their devotion have become public property, spares us the need of so much independent effort, and permits us to pursue, with undivided diligence, our appointed task of enlarging the *Materia Medica*, verifying its application to disease, and developing and extending the resources in our possession.

We will be no party to a needless quarrel. Homœopathy would walk side by side with Allopathy in the paths of general science, in the pursuit of anatomical knowledge, and in honest endeavor to mark and classify the symptoms peculiar to every form of disease. Whatever is known or knowable in the departments of Physiology, Pathology, Diagnosis, Hygiene, &c., must be appropriated with genuine satisfaction as common property and of equal interest to sensible medical men of every school. We trust that all that deserves the name of science is sought as sincerely, and accepted as freely and gratefully by us as by those who deem it meritorious to denounce us as unscientific pretenders.

In short, Homœopathy differs from all preceding schools in its *principles and practice of medicine*, and not in respect of general knowledge, nor in its recognition of physiological and correlative facts.

And it would be quackery indeed, did we affect any peculiar exemption from the danger of misapprehending disease. Whatever uncertainty attends diagnosis, whatever embarrassments grow out of obscure and peculiar conditions of the patient, hereditary tendencies, temperament, sex, psychological or climatic influences, we share in common with others. So far as the operation of medicine is modified or neutralized by unobserved or undiscoverable causes, all administration is helpless. We are hindered in our work accordingly, and we should be foolish indeed, not to welcome from any and all sources light on these shadowed paths.

But what we claim in advance of our rivals is this, that when a Homœopathic physician has once made a true diagnosis, or a complete digest of symptoms, he has a sure rule to guide him in the selection of a remedy, and unless the symptoms are wholly new, so as to indicate no remedy yet included in the *Materia Medica*, or unless the nature of the disease renders a cure impossible, or unless he be defeated by the folly of nurse or patient, he has a right to be confident of success, and that this confidence rests on a rational, scientific basis—on the uniformity of relation between cause and effect. If he suffer from uncertainty it may be from the difficulty of

acquiring the necessary information, but never from misgiving as to the principle that should govern its treatment. Whereas abundant proof might be deduced from physicians whose eminent attainments and extended experience, render their testimony unimpeachable, that Allopathy condemns its most conscientious practitioners to the double torture of uncertainty concerning the disease, and uncertainty concerning the true principle of treatment after the disease itself is known. And this torture increases with increasing experience. As Dr. Hun himself mildly expresses it, "after a career more or less prolonged, some look back with painful doubts, whether, upon the whole, their art has been of service to mankind." But we might fill pages with the testimony of men foremost in the ranks of Homœopathy—men whose convictions brought them from the old school where they had enjoyed reputation and respect—all going to show that the beneficent and beautiful results of their daily practice furnish cumulative proof of the correctness of the fundamental law affirmed by Hahnemann, proof of precisely the same quality as that which assures the chemist of the uniformity of nature's operations. Of course there is room for perpetual progress in the development of our knowledge and resources; but being once certain of the path, we can go on towards perfection with hopeful steps. We may challenge Europe and America to produce a single instance in which a clear-headed and duly qualified physician of our school has ever thrown up his profession from that kind of disgust which leads many an eminent physician to exclaim like the one quoted by D'Alembert: "I am tired of guessing."

Let us then improve this occasion by a renewal of mutual congratulations, that our increasing experience is an increasing pleasure, since we find ourselves the honored instruments of Providence in conferring continual benefits on our fellow-beings, in relieving human suffering, thereby exercising our own spirits in those high offices of good will which make our profession, when wisely and conscientiously followed, suggestive of that celestial ministry which we may hope to share in the immortal life.

ARTICLE IV.

Communications entitled:

A. Anchylosis of the tempero-maxillary articulation.
B. Amputation of the tongue.
C. Stricture of the œsophagus.
D. Extirpation of the nasal process of the superior maxillary bone.
E. Restoration of a portion of the upper lip.
F. Extirpation of the entire half of the inferior maxillary bone.
G. Caries of the elbow joint. Successful amputation.
H. Rare case of hepatic abscess.

By WILLIAM TOD HELMUTH, M. D., of St. Louis. Professor of Surgical Anatomy in the Homœopathic Medical College of Missouri.

To the Members of the New York State Homœopathic Medical Society:

Gentlemen—In the honor and the compliment you have conferred upon me in placing me among the members of your respected body, you will accept my thanks. There can be no higher source of gratification to the aspiring physician than the approbation of his brothers in medicine, and while I feel that I am almost unworthy of the honorary position in which unsolicited I have been placed, yet being there, I have felt it my duty to offer for your consideration a paper on some subject that may prove interesting to this Society. My regret is in the fact that my engagements prevent my being with you in person, and therefore while I by proxy offer my contribution to your proceedings, I am sustained by the hope that at some future time we may personally interchange those views and experiences which render these gatherings of such import to the scientific Homœopathists of the United States.

Surgery is in the main neglected by most Homœopathists, and yet it is my belief that surgical details are generally pursued with much interest by the members of our school. I know also that there are some who would ignore it entirely if it were possible so to do; and indeed for myself, it would be much more satisfactory if we cure those injuries and diseases which require the use of the knife, with medicines exhibited in accordance with our law of cure. Unfortunately such is not the case; and while Homœopathy vastly modifies and improves the after treatment—while it may and does in very many instances prevent the actual recourse to the knife, still our pellets will not set the fractured arm, nor will the dilutions reduce a dislocation. The internal administration of medicine will not cure an aneurism, nor will it cause a vesico vaginal fistula to heal; therefore there must be some surgery to be done, and some one must be prepared to do it.

It is to the consideration of several interesting surgical cases that I would call the attention of this Society, because they are possessed of much interest from their rarity, and though some of them have been from time to time given to the profession through the medium of our journals, yet I have thought that if I could collect several of the most interesting, and place them well illustrated before the members of the Society, that it

Fig 1.

Anchylosis of the inferior maxillary bone with considerable destruction of the soft parts. The face presented even a more unsightly appearance than is represented in the plate. The deformity had existed for many years, and resulted from the abuse of mercury. The patient had brought suit against the physician who administered the poison, and had recovered heavy damages, but either fortunately, or unfortunately the doctor died before the suit was quite completed.

might add in a slight measure to the completeness of the proceedings. With these few words of comment, and with a renewal of my respect and thanks to your body, you will permit me to offer my paper for your consideration.

Very respectfully, your obedient servant,

WM. TOD HELMUTH.

A.

Anchylosis of the Inferior Maxillary Bone, of Seven Years Duration.

Anchylosis of the lower jaw may occur in three localities:

1st. The head of the condyle may become fixed in its glenoid cavity. This is the most frequent form, examples of which are recorded by Sandifort, Blandin, Cruveilheir, Howship, Holscher, Hyrtt, and others.

2d. The coronoid process may become attached to the zygomatic arch; of this but two observations are recorded (Museum of Anat., vol. iv), and by Sebastian in his essay on anchylosis, published at Groningen, 1826.

3d. Alveolar processes may become conjoined; of these there are four examples on record, which are to be found in Walther's Museum Anatomy, in Rust's Magazine and in Bennett's, cited from Kunholz, and in the British and Foreign Medico-Chirurgical Review.

Of the fifteen cases of anchylosis collected by Dr. Lewis, both sides of the jaw were affected in seven cases, and one side in eight. In the three examples of osseous connection of the alveoli, the incisors were somewhat separated. It has been supposed by Cruveilheir and others that anchylosis of one side entails that of the other by the complete immobility it induces; but in seven of the fifteen cases quoted, the joint on one side remained quite free. How little prolonged immobility is a cause of anchylosis may be judged by the case now recorded, in which it had continued seven years, and by others in which it had lasted for nearly a quarter of a century.

This immobility of the inferior maxillary bone, causing closing of the jaws, is an affection which fortunately is of comparatively rare occurrence; and as gradually the employment of poisonous doses of mercury is becoming unfavorably regarded by the Allopathic portion of the profession, there is no doubt that such unfortunate occurrences will be still less frequent.

Speaking of this deformity Dr. Gross (Operative Surgery, vol. ii, p. 584) remarks: "The most common cause, according to my observation, is profuse ptyalism, followed by gangrene of the lips, cheek and jaw, and the formation of a firm, dense, unyielding inodular tissue, by which the lower jaw is closed and tightly pressed against the other. (Vide, Fig. 1.) Such an occurrence *used to be* extremely frequent in our southwestern States *during the prevalence of the calomel practice*, as it was termed, but it is now fortunately *rapidly diminishing*.*

The same author appears to have encountered quite a number of such cases during his residence in Kentucky, and, upon referring to Dr. Mott's record, which he has published in the appendix to Velpeau's Surgery, it will

* The italics are not in the original text, but are inserted here to call the attention of the reader to a candid confession.

be found that many persons suffering from this affection who applied to him for relief, resided in the southern and western portions of the United States. The prevalence, therefore, of such disorders in the west and south, can very truly be attributed to the too free exhibition of mercurials in the fevers peculiar to those sections of country.

Besides these abuses of mercury just referred to, other causes may be enumerated, as anchylosis of the tempero-maxillary articulation, in consequence either of arthritic disease or traumatic lesion, in either of which cases an effusion of plastic element may be thrown out around the joint, which finally may be converted to cartilaginous or osseous formations, effectually impeding the motion of the jaws. Again, the pressure of a neighboring tumor may produce a similar result, and an entire osseous connection may take place between the jaws in any part where the previous disease has manifested itself, either between the ramus of the inferior and the boss of the superior maxillary, or between the alveolar processes; or, as Mott observes, "by means of a bony plate which extends from the coronoid process to the superior maxillary bone."

From no matter which of the above mentioned causes the closure proceeds, it is certainly a difficult and tedious affection to trea', and the prognosis at all events very doubtful. A patient presents himself with very imperfect speech, partial or total immobility of the jaws, the gums, cheeks and lips grown firmly together with considerable deformity of the chin, and says to you or rather endeavors to say to you, "Doctor, what can you do for me?" If the physician understands his calling, is acquainted with surgical literature, and the experience of those who have treated such diseases, he will say, "I don't know." The humiliation of such a confession will not be of long duration, and will be infinitely more pleasing to the poor patient than a broken promise of immediate and permanent relief. A prognosis cannot be hastily formed in such cases, because it is impossible to state certainly, by what means above mentioned the jaws are closed; perhaps it may be one, perhaps another; or, as in the case about to be recorded, two or three substances may firmly unite the maxillæ. In his chapter on this subject, Dr. Mott says, "It is in our opinion an important surgical subject, and especially so since it is one which is frequently very difficult to treat." Gross, also, in his article, writes as follows: When the immobility depends upon the presence of inodular tissue, the proper remedy is excision of the offending substance, an operation which is both tedious, painful and bloody, and unfortunately not often followed by any but the most transient relief, owing to the tendency of the parts to reproduce the adhesions, however carefully and thoroughly they may have been removed. * * * * * The great difficulty, however, is *the obscurity of the diagnosis.*

In general, however, it may be considered that the joint is affected with spurious anchylosis, true synostosis not having occurred within the capsule, while along some portions of the bone osseous connections may have been thrown out, while, nevertheless, muscular contractions, fibrous tissue, cicatrices, or even fibrous degeneration of the articular cartilages, may hold the jaw perfectly immovable. In the diagnosis of such cases it is well to

Fig 2.

Case of Immobility of the Jaws with destruction of soft parts

bear in mind the advice of Brodhurst,* who thus writes: "False anchylosis is the rule; it is so common, that adhesions should always be held to be fibrous until they are proved to be bony. Immobilily alone is not a sign of synostosis; it not unfrequently exists where the adhesions are fibrous. And even where chloroform has been administered immobility may be as great as before. * * * * * Whenever the muscles can be thrown into action, so as to render the tendons prominent and tense about a joint, the adhesions are not bony."

With these remarks upon the affection, we will proceed to the details of the case, presuming, however, that in many instances, when there is complete immobility of the tempero-maxillary articulæ, there also exists more or less deformity of the face, and sometimes quite hideous appearances presented by former loss of the soft parts in the vicinity of the mouth.

Mary C——, a resident of a small town in the interior of Illinois, was sent to me by a physician of that State, to ascertain if any means could be devised to alleviate her condition, which certainly was extremely distressing.

About nine years ago she supposed herself to have been severely salivated. At all events, from cross-questioning, I learn that there was profuse ptyalism, and to use her own expression, "a great sore appeared on the inside of the right cheek," the gum being affected and the bone involved. Her friends state that her life was one of acute and continued suffering for two years, during which period there was a constant discharge from the diseased surfaces, of a thin, sanious fluid, of such offensive character, that she was disgusting to herself and her attendants, and an object of pity to all who were acquainted with her condition. For about twelve months all efforts to heal this ulceration proved ineffectual, until finally, disheartened at the unsuccessful attempts of a scientific profession, she made application to a root-doctor, who, by the use of a vegetable salve, healed the sore, but neglected the precaution of interposing foreign material between the ulcerated surfaces of the cheek and gum. The result was, as should have been anticipated, firm adhesion of the cheek to the gum of both jaws, which, by the contraction of the cicatrix, were drawn tightly together, until finally, when the healing process was completed, the cheek of the right side presented a hard, unyielding surface, with a scar from three to four inches in length, and resembling cartilage on its lower border. (Fig. 2, A.) The inferior maxilla was drawn backwards, the teeth of the lower jaw were forced upwards under those of the upper, the chin shortened, and the line of the inferior maxillary, on the right side, impaired—it curving slightly inwards. These adhesions extended to the vermillion border of the lips on the same side, and the commissure of the mouth was converted from an angle to a semicircular border of firm tissue connected to both jaws, and about half an inch to the right of the original point of commissure.

* Practical Observations on the diseases of the joints, involving anchylosis, and on the Treatment for the Restoration of Motion. London. John Churchill, 1861.

After this portion of the sore had healed, leaving the parts in the condition mentioned, disease attacked the globe of the right eye (vide Fig. 2), ulceration and perforation of the tunics followed, the humors were evactuated and sight was necessarily destroyed; necrosis of the external angular and orbital process of the frontal bone then supervened, pieces of which came away with the discharge. The entire eye was now destroyed, and the upper lid, throughout a part of its extent, has grown to the bone. In about twelve months these ulcerations were healed—by what means I am not aware—and since that period to the present, a space of over seven years, this poor woman has been unable to move her jaws, her speech being necessarily much impaired, and the power of masticating entirely wanting. During all this time she has subsisted by taking liquid nourishment, "soup, tea, coffee, milk," &c., through a slight irregularity of the teeth of the left side, and has enjoyed tolerable health.

During this period several teeth and pieces of necrosed bone were cast off into the cavity of the mouth; these *she was obliged to swallow*, from total inability to open the jaws to a width sufficient to expel them.

Such then was the case and such the history thereof. Though it was a question as to the character and quantity of the substance that held the jaws so firmly together, I determined, at all hazards, to risk an operation that might perhaps relieve the miserable condition of the patient; and, accordingly, on Monday, 23d of September, in the presence of Drs. Fellerer, Comstock, Vastine, Godfrie, and others, the patient, having been placed fully under the influence of chloroform, and being seated under a window, I proceeded to dissect up the cheek from the jaws. It was thought advisable to make the whole of this separation without an external wound, which would necessarily be torn apart, or at least put upon considerable strain at every forcible attempt to depress the inferior maxilla. The adhesions were extremely dense, extending in firm cartilaginous bands from jaw to jaw. There was considerable flow of blood during this operation, after which the endeavor was made to depress the lower jaw, and although all the force I could command was applied in various ways, not the slightest movement could be accomplished.

In these frequent trials portions of bone came away from the right side of the jaw and one of the lateral incisors was broken.

The operation was here discontinued, as it was evident that bony union had been effected; the osseous bridge being distinctly felt by the finger. It was then concluded to defer any further operative procedure for the present, and a piece of gutta percha was inserted between the raw surfaces to prevent reunion of the parts.

The shape and size of the obturater is seen in Fig. 3. Through the aperture (A) occasional pressure on the teeth of the inferior maxillary bone could be effected, and liquid nutriment conveyed into the mouth.

On the next day, the wound began to discharge a most unhealthy and ill-conditioned matter of great foetor; the apartment which she occupied was noisome from the smell, and it became necessary to use disinfectants to counteract the effluvia. On the 25th I removed the guttapercha from the cheeks, took away several portions of the bone, ordered the mouth to

Fig 3.

Shape and size of the Obturator, mentioned on page 56.

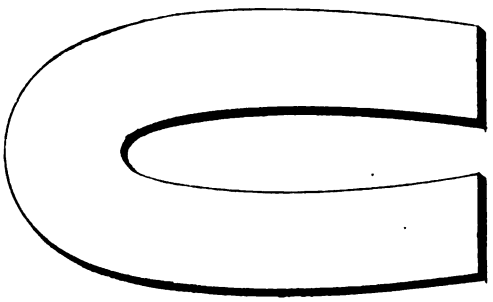
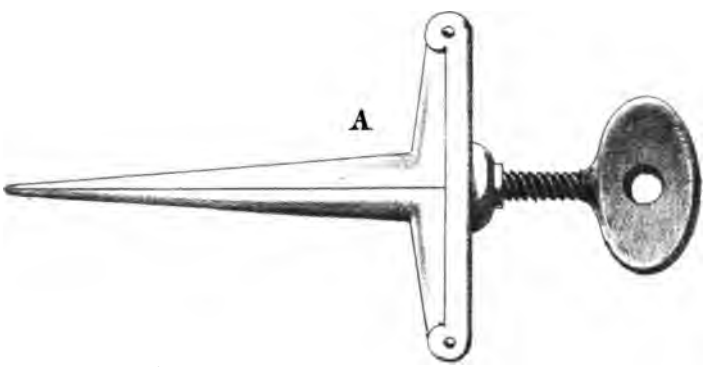
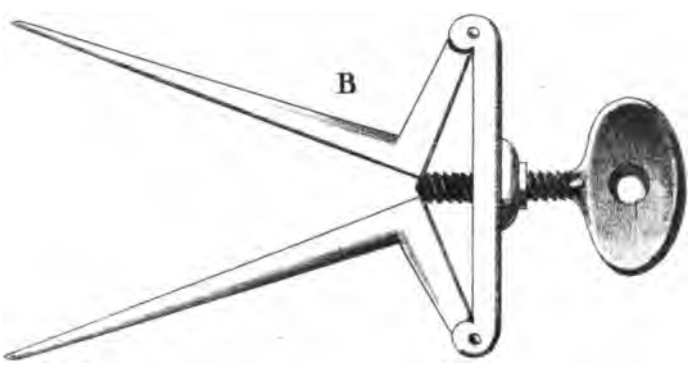


Fig 4.





C

A Represents the instrument closed. B Shows the instrument open. C An iron rod constructed to fit into the round aperture in the handle of the screw, by which great additional leverage was gained.

be syringed with Calendular water two or three times during the day, and with weak Kreosote water at night. A thin, small stream of water could be poured into the mouth between the irregularities of the teeth on the left side, through which, however, the thin blade of a small spatula could not pass, but the closure on the right side was so perfect that no fluid could find entrance, no matter how small the stream or how forcibly injected.

During the next few days the foetor from the wound began to be less intense and the discharge to assume a more healthy aspect. During which time I had prepared some iron wedges, quite long and with a gentle bevel, coming to a fine edge, and the instrument recommended by Dr. Mott to be used in these operations. (Vide, Fig. 4.) On the next day, the patient being under the influence of chloroform, by gradual, but very forcible pressure, the wedge was entered on the sound side and the jaw very slightly depressed; but the extension appeared to be only on that side, and to be caused by the strain on the tendon of the temporal and fibres of the masseter.

These operations were continued daily for a week, the patient being at each period under anesthetic influence, but complaining bitterly at each time of the severe pain. Several teeth were broken during these procedures and were afterwards extracted. During this period the wounds from the recent dissection had almost healed. The foetor had disappeared, and I accordingly determined to sever the bony bridge of connection between the jaws. This was effected, first by the introduction of a small awl, then by a chisel and a metacarpal saw, the latter being used from within outwards with the back of the instrument to the cheek. Notwithstanding, there was not the slightest trace of motion.

By extracting a molar tooth, and by a tremendous force applied to the left side, a slight aperture was made on the right side, into which a thin slip of hickory wood was inserted; this was allowed to remain for two days and the operation again repeated, each time a large wedge being forced between the jaws. This process was continued for about ten days, at each time the patient suffering very severe pain from the traction, although in the majority of the operations she was almost fully under the influence of chloroform. Toward the end of the fifth week from the date of the first operation, the plug was taken out for several hours and the patient was ordered to chew hard biscuit, &c. This order, however, at first was not obeyed, because of the inability of the muscles to perform their functions after so many years of quiescence. The power, however, gradually returned and she began to masticate well and to speak much better, although the rounded aperture at the right commissure of the lips prevented perfect articulation.

The next step was to remedy this deformity, and on Monday, the 28th of October, in the presence of Drs. Godfrie, Loague, Morrison and Spalding, (to the latter of whom I am under obligation for his essential service in extracting and filing teeth, the insertion of wedges, after I had depressed the jaw, and the administration of the anesthetic fluid,) I took from the right side a triangular portion of the flesh, cutting directly through the old cicatrix. The sides of this triangle were a little over an inch in length, its base was the rounded aperture above noticed, and its apex pointing toward the angle of the jaws.

The cartilaginous hardness of this tissue was surprising to every one present; indeed, so unyielding was its texture that the insertion of the pins through it was a matter of time and difficulty. However, the wound was brought carefully together after some delay, and has healed perfectly, leaving a very slight scar, and one far less observable than the hard, shining cicatrix, already mentioned as resulting from the treating of the former ulcerations. Before this operation, and to prevent any closure of the jaws resulting from the healing process, a wedge of hickory wood was inserted on the sound side and allowed to remain. The wound healed very well, though slowly, from the diminished circulation of the part, and on the night of the sixth day I extracted the first pin. During this period I regularly inserted the wedge at night, and had the patient move the jaws, either in masticating or talking, during the day.

In a few days more the second pin was removed, and the patient allowed to depart to her home, after being under treatment seven weeks, and almost daily undergoing severe operative processes.

It is satisfactory to observe the change that has been produced, not only in the outward appearance of the face, but in the amelioration that surgery has effected in rendering comfortable the former miserable condition of the patient.

The jaws work well; she can articulate much more distinctly, and masticate her food, even apples, and crackers, with perfect ease. The jaws are not capable of so wide a distension as in their former natural condition, but are able to be sufficiently opened for all purposes. She is still forced to depress the inferior maxillary bone each day, with an instrument given her for the purpose, and is never, for the space of two months, to sleep without the wedge between her teeth. These injunctions were particularly mentioned to prevent any tendency to contraction.

She is to return to us after some time for the purpose, if possible, of having an artificial eye inserted. This, however, will perhaps be impossible, and at all events a work of great difficulty. The eyelid of the affected side has grown closely to the bone, and the previous loss of osseous substance has been repaired by a deposit below the ordinary site of the outer rim of the orbit, which will have to be cut away before an eye could be fitted to produce the desired effect.

If this operation, however, be successful, and by the application of some of the wonderful hair restoratives capillary substance can be produced on the superciliary ridge, which at present is as bare as the topmost rocks, the patient may yet captivate the tender heart, perhaps, of some *doctor of physic*, and end her days in matrimonial bliss—a consummation devoutly to be wished, and up to the present not much anticipated.

B.

Amputation of the Tongue.

The case which is about being reported is one of extreme interest, as it is rarely encountered by the surgeon, and in those instances in which it is found, the growth is generally occasioned by, or traceable to some disordered action of the economy.

Fig 5.

Congenital hypertrophy of the tongue
Full Face.

The patient, a girl aged eleven and a half years, was admitted to the hospital with a *congenital hypertrophy of the tongue* (Fig. 5); the organ at times became enormously enlarged, and protruded from her mouth from three to four inches. The little sufferer had been, during her whole life, subject to catarrhal fever upon the slightest exposure, at which times the enlargement increased considerably. She was somewhat emaciated, and the saliva dribbled from her mouth to such a degree, that she has been obliged to wear thick clothes across her chest, which for cleanliness and comfort had to be frequently renewed. The jaws never having been brought together, it may well be imagined that the rami of the inferior maxillary did not form the usual angle with the body of the bone; and that the growing teeth, having constantly upon them the superincumbent weight of the tongue, projected from the lower jaw more like the tusks of an animal, than the regularly developed masticating organs of a human being; they also, impinging upon the under surface of the hypertrophied mass, caused extensive fissures and ulcerations. On the superior surface of the tongue two longitudinal and rough depressions were seen.

Very little is written, at least so far as my own reading goes, upon congenital hypertrophy of the tongue. In looking over "Eve's Surgical Cases," on pages 133–137,* I find under affections of the tongue but the following details: "Sudden death from enlargement of the tongue," *Lancet*, 1827. A case of removal of a portion of the tongue for cancerous ulceration, by Sedillat, in 1844, and published in the *London Medical Times*.

An amputation of a part of the tongue by Maisonneuve, for a peculiar disease, induced by the frequent contact of vaccine virus with the organ, in the case of a physician, whose duty consisted in preparing and preserving the virus in tubes. During his labors he frequently held several of the tubes in his mouth, and thus the irritation caused by the sharp spiculae of glass produced indurations, which finally resulted in confirmed and serious disease. Also, in the same volume, an amputation of the tongue and a portion of the anterior pillar of the fauces for carcinomatous disease, by B. M. Giamattei, in 1851. It will be perceived that in all these cases the operations were performed with a view of removing some specific disease, which could readily be traced to a certain cause.

Rokitansky,†† in his great work on "Pathological Anatomy," says very little about hypertrophy of the tongue, and that almost indirectly, when speaking of hypertrophy in the septum of voluntary muscles. Jones and Skeivering † have the following paragraph: "The tongue is liable to be affected with an extraordinary hypertrophic enlargement, in consequence of which it protrudes from the mouth sometimes as much as two and a half inches; the structure is altered, becoming much more dense than natural; but it has not been determined exactly in what the alteration consists. In one case, recorded by Mr. Liston, the enlargement of the organ seemed to have been occasioned by the development of a nævus-like substance." The case which we are reporting differs somewhat from the above in the fact that the protruded organ measured three inches and three-quarters in

* A collection of remarkable cases in surgery, by Paul Eve, M. D.
† Vide, vol. III, p. 238.
†† A Manual of Pathological Anatomy, p. 453.

length from the upper lip to the tip, and was over two inches in width, presenting a most unnatural and unsightly appearance.

Cooper, in his "Surgical Dictionary," mentions enlargements of the tongue consequent upon various diseases, and Dr. M. Reese, in his valuable appendix to the same work, records in a few lines the following facts, viz: "That Dr. Thomas Harris, of Philadelphia, twice performed amputation of the tongue for hypertrophy of that organ; and that Dr. Mutter also successfully resorted to the same operation. That in 1838, Dr. Mussey, of Cincinnati, and in 1836, Dr. Donnelan, of Louisiana, removed portions of the tongue—the latter gentleman by using ligature in preference to the knife. Mr. Miller* has two paragraphs on the subject, including symptoms and *treatment*—the latter chiefly consisting in the administration of the iodide of potassium and leeches, and these means failing, recommending operative procedure.

Neither Paget, in his "Surgical Pathology," nor Cragie, in his "Pathological Anatomy," make allusion to the subject; but Gross is much more explicit. He tells us† that all the structures which enter into the formation of the organ may be separately or conjointly affected, that the projecting substance is dense and rigid, "protruding considerably beyond the teeth, and causing serious obstruction to the functions of the mouth and a wasting discharge of saliva."

He states further, that the prolapsed part may be from a few lines to three, four, and even five inches in length, with enlargement of the papillæ and great thickening of the mucous investment of the organ. Females are more liable to be affected than males, and it generally comes on early in life, being now and then congenital. Further he says: "It is sometimes associated with unusual shortening of the branches of the lower jaw, with great separation of the incisor teeth. * * * * * The countenance has an unseemly aspect, the inferior incisors are forced into a horizontal position, and the jaw itself is not unfrequently altered in its shape." In the treatment he recommends, as usual, purgation, punctures, incisions, *low diet*, the iodide of iron and of potassium, Lugol's solution, and pyroligneous acid. The latter solution, he states, has materially benefited a case of congenital hypertrophy of the tongue under his care.

Velpeau‡ does not describe the disease, but mentions the curative means. He says: "When hypertrophy only exists, *compression*, as employed successfully by Freteau and Delpech and many others, will generally answer. M. Rey, who, in a case of this kind, states that he was obliged to have recourse to a V shaped excision, adds that the operation of Mirault, the father, was also performed for a hypertrophy, and not for a cancerous tumor."

In looking over the medical periodicals for some years back, I find, in *Rankin's Abstract* for 1854, page 129, a detailed account of Maisonneuve's case, and in the same journal for 1852 the record of Giamattei, both of which have been before alluded to.

In the *American Journal of Medical Sciences* for October, 1848, there is an interesting account of an operation successfully performed by W. G.

* Practice of Surgery, p. 214. † System of Surgery, vol. II, p. 621–622.
‡ Mott's Velpeau, Vol. III. p. 376.

Delaney, M. D., for congenital glossocele or hypertrophied tongue, in which the V shaped incision was used.

In this instance the appearances were very similar to the case I am reporting.

The tongue protruded four inches, was seven inches in circumference, and was marked upon its dorsum by a deep linear fissure; the tongue could not be retained within the mouth except for a moment, and its intrusion filled the whole cavity of the fauces, and prevented respiration. The inferior maxillary bone was natural in form, except at the symphisis, where the incisor and canine teeth were separated half an inch, and inclined outward by the constant pressure and weight of the tongue. The lower teeth were covered with tartar, and rather loose in their sockets, and the lower lip was everted on the chin.

The similarity between this and my own case will readily be seen, with the exception, that under the most favorable circumstances my patient could not intrude the tongue entirely within her mouth, and at the time when the photograph, which is represented by the cut, was taken, she had not the power to draw backward the organ.

The position of the teeth, the shortening of the rami, &c., are all very similar. The operation of Dr. Delaney consisted in making a V shaped incision.

Rankin's Abstract for 1853, p. 126, contains a portion of a communication on this subject, submitted to the Medico-Chirurgical Society of London. In that paper Mr. Humphrey's case was very like the above, the parts being removed by the knife. That gentleman further says after the operation: "The lips could not at first be brought together and the thick stump could always be seen, though never protruding."

After a time the parts began to assume their natural appearance and position, and a cure was effected.

Mr. Cross' case was one in which pressure with bandages soaked in a solution of alum water, after a long period produced the desired effect.

In the communication the disease is said to be rare in England. A case was treated successfully by Sir Astley Cooper by ligature.

Mr. Syme removed the protruding portion in another case by the knife; but the patient died of inflammation of the tongue and parts about the larynx." Mr. Liston has recorded a case in which the hæmorrhage, after operative procedure, was so great that ligatures had to be applied to both lingual arteries; inflammation, suppuration, sloughing, and death followed in rapid succession.

Mr. Hodgson's case was operated upon by means of the ligature, after the parts had sloughed away. "The tongue was quite within the lips, but very thick in the horizontal direction; the altered shape of the lower jaw prevents its being brought into contact anteriorly with the upper."

I have entered somewhat minutely into the literature of this rare affection, simply for the reason that perhaps in a lifetime, one may never have opportunity of observing and healing the disorder, and, therefore, it were better briefly to mention the most remarkable cases of the kind, together with the teachings and experience of those who have been fortunate enough to encounter and overcome the disease.

My patient had been some time in the hospital when I was called to see her, and her condition had been very materially benefited by the medicines there used. The preparations of mercury were of course exhibited, and I believe the corrosive sublimate was the most efficacious, combined with the local treatment of the same substance in solution. But upon the slightest exposure, even indeed from the ordinary changes in the weather, fever would supervene, and the tongue would again become enormously enlarged. The preparations that I advised were mercurius solubilis and the iodide of mercury, with mercurial inunctions of the jaws; this treatment was tried with a success similar to the rest, a temporary diminution in the enlargment, the tongue, however, never becoming sufficiently small to allow her to draw it within the cavity of the mouth and close the lips upon it. I then tried the solution recommended by Dr. Gross, which had been before alluded to, but with no better success.

I next determined to resort to compression, which means of treatment was first recommended by Lassus, knowing that his doctrine was opposed to the operation, and that he strongly recommends pressure even in the most inveterate cases, I procured a long and narrow adhesive strap, and holding forward the tongue as far as I was able, I tightly wound it with the plaster; this produced some pain, but the trouble chiefly consisted in obtaining a substance that would adhere. I could not procure such, and the great inconvenience occasioned during meals, induced me to desist from such proceeding. Upon perusing the report to the Medico-Chirurgical Society, from which some extracts have already been given, I found that the compression spoken of by Lassus, must have been only in those cases wherein the tongue could be returned into the mouth, and that once there, the compression exerted by the surrounding structures would cause a diminution in the size of the organ. The report on the subject reads thus: "He (Lassus) observes that the malady has never been known to undergo a spontaneous cure; but that upon being *returned into the mouth and retained there*, the swelling of the organ gradually subsides." The first object then was most certainly to get the tongue within the mouth, and I at once decided upon operating. That others have been in such a position, I naturally conclude from a paragraph in Velpeau.* He says, speaking of compression in this disorder, "it is quite remarkable that Mr. Harris and M. Mussey,† who believe themselves to have been the first who employed this process, should also have been under the necessity of making use of the V incision to cure a chronic tumefaction of the tongue."

Upon thinking over the better method of operating, I recollected a paragraph in Gross' "Surgery" that had made some impression upon my mind. In speaking of the écraseur, and the abuses to which it has lately been applied, the author says: "It will be *restricted* in a great measure, if not entirely, to the removal of the tongue, the neck of the uterus, &c." Believing, therefore, that if the instrument in question had any opportunity of displaying its much vaunted superiority, that a case of this kind was certainly one which would prove a fair test, I determined at once to remove the tongue with the écraseur.

* Operative Surgery, vol. III, p. 376.
† Vide Rees' Appendix to Cooper's Surgical Dictionary.

Fig 6.

Congenital hypertrophy of the tongue.
Fœtile.

Fig 7.

Écraseur in position, before the operation.

Fig 8.

Appearance of face presented after removal of the tongue.

Therefore, on the 7th day of February, in the presence of Drs. Comstock, Neiblung, Hartmann, and others resident in the hospital, the patient was placed in a chair facing a window, her head being supported by the matron of the institution. Dr. Comstock administered the chloroform, and when the anesthetic influence was complete, I passed the teeth of a hooked forceps (Fig. 7, A) into the substance of the tongue and drew it forward, handing the instrument to an assistant to retain it in that position, then standing on the left and a little to the rear of the patient, I passed the chain of the instrument diagonally across the protruded portion of the organ, allowing the handle or cylinder to touch the left angle of the lip. The screw was turned, the chain tightened, constricted, cut beautifully through the substance which was as hard as gristle. After that portion had been removed, I changed my position to the right of the patient, allowed the handle of the écraseur to touch the right angles of the mouth (Fig. 7, B) and worked it as before until the part was removed. It will be seen that by such method of procedure, I was enabled to point the tongue, and though the point at first was rather sharp, it has since been a source of gratification that I adopted such a method. The whole proceeding occupied about twenty minutes, and the amount of blood lost did not exceed half an ounce.

The instrument worked to a charm, and seemed so much preferable to the old methods of ligature, and the actual cautery, that all who saw the operation were surprised at its efficacy. The patient was placed in bed with her shoulders elevated, and I had applied to the cut surfaces a frozen solution of calendula.

For two weeks after the operation, as was anticipated, the tongue was swollen enormously again, but it gradually declined as the raw surfaces healed, until finally the tongue could with ease and satisfaction be retained within the mouth.

It was truly wonderful, however, to witness the manner in which nature has healed the wounded parts, instead of leaving them angular as necessarily left by the chain of the écraseur, they are rounded almost as well as though the original margin of the organ remained.

The little girl, never having brought her jaws in apposition, has a great tendency to allow the inferior maxillary to drop down, on account of the shortness of the branches of the bone which has been before alluded to.

I therefore procured a piece of gutta-percha, bent it and made an oval gag or mouth piece, cutting in the centre a small opening sufficient to admit air, but not large enough to allow her to protrude her tongue. To keep the bone in apposition and at the same time to endeavor to force back the symphisis, I used the splint and strap for fracture of the jaw bone.

This answered very well. The tongue is yet thicker than natural, and she still has some tendency to allow the bone to drop, but the organ is much smaller than after the operation, and the appearance she presents is well represented in the cut. (Fig. 8.)

The deformity is slight and is lessening daily; in a short time I believe the whole difficulty will be obviated.

and submucous tissues, that muscular fibre also may enter into the formation of organic constriction; in which view, also, Gross and Miller coincide, although the former states that it is only in the aggravated cases that the last named constituent assists in the creation of the stricture, while in the ordinary cases that are encountered, the mucous and submucous coats are affected, there being a deposit of plastic material in the part, causing a thickening of the tube.* The seat of stricture is said to be generally opposite the cricoid cartilage.

With these few remarks on the general nature of organic stricture and its diagnosis, and without entering upon the consideration of the malignant, ulcerative or carcinomatous variety, we pass to the history of an interesting case.

During the latter part of the month of May, I was called in consultation to see a patient, who, from the description I heard of the case, was almost in a dying condition. From the detailed symptoms I was led to suspect a stricture of the œsophagus, and upon visiting the patient (a woman, aged about forty-five,) my diagnosis was found to be correct.

The patient was in a truly miserable condition; she was much emaciated, with sallow complexion, tongue very red at the tip and but slightly furred, great nervous irritability, with a voice so weak that she could scarcely articulate, excepting in a whisper. Her pulse was small and thready, and upon being asked where she suffered, she placed her hand to the lower portion of her neck. Her attendants informed me that she had been under the care of several physicians, the last of whom declared her case hopeless, and had written to her husband, (a captain in the army of the United States,) informing him of the critical condition of his wife, and urging his immediate return, if he wished to see her alive.

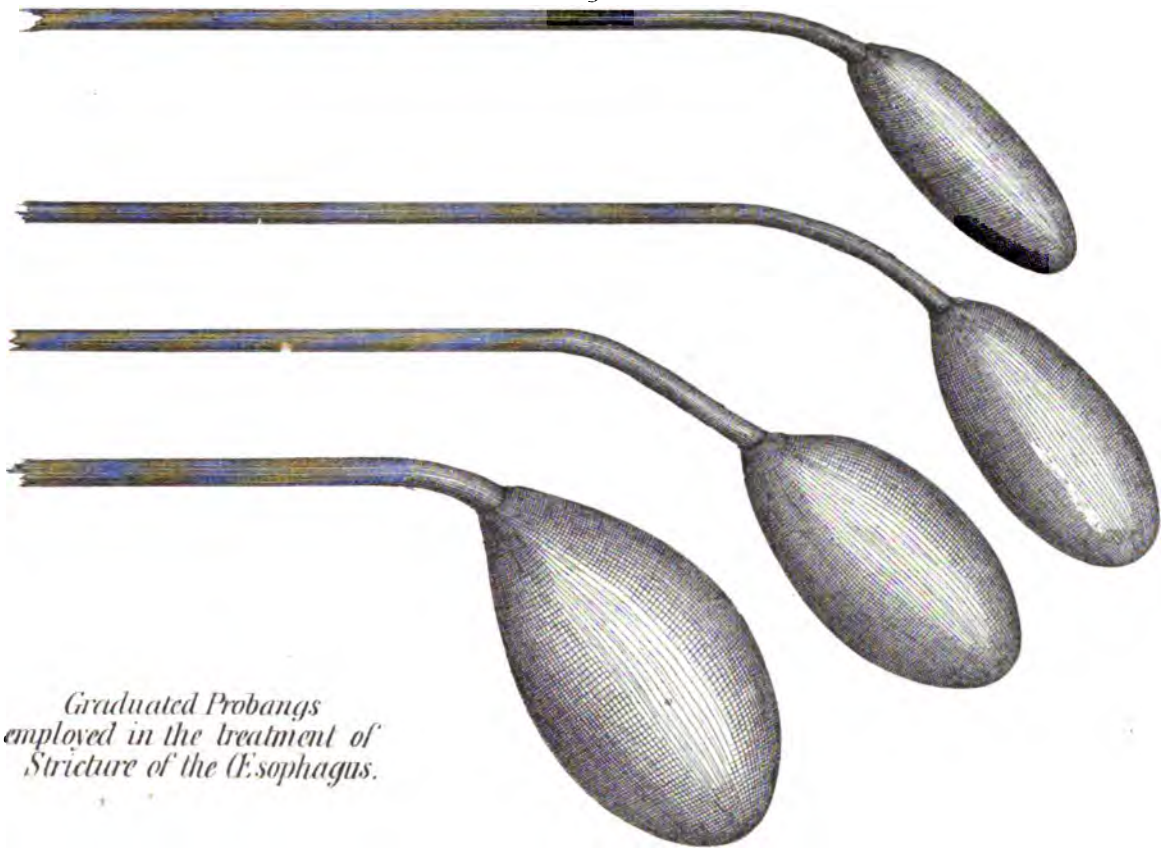
On the table before her were several dishes of untasted articles of diet, several glasses containing various drinks, but she said she could not swallow them; upon insisting that she should endeavor to take a little cold water, she placed the glass to her lips, and made an effort to swallow; the liquid left her mouth, descended a short distance into the œsophagus, and was immediately returned without much effort. Upon enquiry I learned that she had been six or seven weeks in this aggravated condition, and that the disorder had been noticed at times for years, and had often given her great trouble; sometimes a little thin broth would descend into the stomach. I feared that the woman would die from starvation before much could be done for her, but ordered immediately an injection of soup (which she had on the table) to be given, while I sent for an ordinary sponge probang and the stomach pump.

Upon attempting the introduction of the former, it was with great difficulty and with some pain to the patient, that I succeeded in passing it through the stricture; after which I allowed it to remain a few moments, then again introduced it, after which by repeated effort, I forced the smallest sized tube of the pump through the stricture and into the stomach; this being accomplished I injected into the viscus about a pint of broth.

I shall never forget the pleased expression of the patient as she felt the

* Gross' Operative Surgery, Vol. II, p. 656.

Fig 9.



Graduated Probangs employed in the treatment of Stricture of the Œsophagus.

almost immediate effect of food. When I called in an hour her pulse had come up, and she experienced great relief, whereupon I injected about half a pint more of the soup and promised to return in the morning. During the interval between the visits, I had prepared six whalebone probangs (four of which with the exact size of their ovoid extremities of horn, are seen in Fig. 9), and varying in size from one-eighth to an inch and a quarter in diameter. Some difficulty was found in passing the smallest of those instruments, but the stricture gradually dilated under their constant re-application. During this stage of the treatment a very peculiar fact forced itself upon my consideration. Having made myself acquainted with the facts above mentioned in this paper, that in aggravated cases of stricture the muscular fibres of the œsophagus are implicated, as well as the mucous and sub-mucous tissues, and knowing the action of certain medicines upon their fibres and the nerves that control them, I was induced to exhibit Ignatia and Cocculus once in two hours, as a matter of experiment, not, however, expecting much result from their administration. Upon the next visit I found that the probang last used passed quite as well and without more difficulty than it had done on the previous day. Could such an effect have been produced by the medicines, or was it merely that the disease was stationary?

I determined to omit all medicines and use the same probang on the following day, when to my surprise and rather to my satisfaction, I found considerably more difficult entrance through the stricture. Suffice it here to say, that after repeated trials, the probangs always entered more easily after the exhibition of these medicines than when no medicinal agent was used. It must be borne in mind, that my practice was alway to insert the probang of yesterday before a larger diameter was introduced, as by this means I was enabled to perceive progress or reverse in the case.

After five weeks of constant treatment with the probang, and the exhibition internally of Ignatia and Cocculus, Hyosciamus, Arsenicum, and Mercurius, and other medicines, the patient so far recovered as to be able to eat her usual meals with satisfaction, her flesh returned, her countenance was more cheerful, and she went into the country to recruit her general health.

It may not be uninteresting to repeat here another case of stricture, cured in a somewhat similar manner by Caleb B. Matthews, M. D., one of the pioneers of Homœopathy in Philadelphia, who, to the day of his death, was an unswerving advocate of Homœopathy; whose zealous attachment to the profession of medicine was remarkable to the end of his life, and whose priority to the claims of the discovery of ether as an anæsthetic agent, should always be remembered by the members of our school. The case is in the form of a letter, and reads thus: "Miss ——, aged about 18, applied to me about the year 1829. She was unable to swallow anything except fluids, and these in small amounts. She had been treated by Dr. George McClellan, by means of a flexible sound of block tin, without benefit. I began using the smallest sized probang and Bell's sound, which passed with difficulty, but continuing it several days it passed easily several times backwards and forwards through the stricture. I followed with the next size in the same manner, using each four or five days, or until it

passed easily, thus continuing up to the fifth or largest size. This occupied four weeks or more, at the end of which period I was convinced the stricture was subdued, but the patient was afraid to swallow solids; I obtained a piece of meat of ordinary size, say seven-eighths of an inch, cube, and made her swallow it in my presence; this broke the charm, and she could swallow well ever after. I have seen this woman this autumn (1850), and she remains perfectly free from stricture."

M. Wolf reports a case of stricture cured in a similar manner in four months, and M. Debourge also gives a similar result after five months persistent treatment; these are interesting but too elaborate to insert in this paper.

If catheterism of the tube fails, œsophagatomy has been resorted to, and Professor Sedillat recommends gastrotomy after the œsophagus has been greatly constricted.

D.

Extirpation of the Nasal Process of the Superior Maxillary Bone by Subcutaneous Incision.

Some months since a gentleman from Tennessee presented himself at my office, stating that he had "rather a curious ulceration" of his gum, which he thought required attention. He appeared rather emaciated in flesh, though of powerful frame, which latter seemed strangely in contrast with the apparent debility of his system, as he moved with difficulty and supported himself with a cane. Upon raising the upper lip an ulceration was presented, which at once testified the serious nature of the case; the upper gum of the right side of the mouth, from the frænum labii superioris to the commissure was destroyed, the alveolar processes of the lateral incisors and canine teeth were also wanting, the fangs of these teeth being exposed and the depression behind the root of the canine tooth being also involved in destruction. Projecting slightly over the fangs of these exposed teeth was a shelving piece of bone, which was a portion of the base of the nasal process of the superior maxillary. To those who are unacquainted with, or to those who have partially forgotten the anatomical relations of this process, a few words as to its normal position may not be amiss.

The base of this process may be said to commence anteriorly in the subnasal fossa, and posteriorly from the palate process of the superior maxillary bone; from such origin, and making a curve a little outward and then upward, it extends with a sharp external margin to the roughed surface of the frontal bone on each side of the ethmoidal fissure, to which it is articulated; internally, it springs from the body of the bone a little beyond the infraorbital foramen, the orbital ridge being lost on the ascending ramus. To the superior and anterior part of the nasal process of the superior maxillary, the nasal bones are attached, to the inferior part of the same margin the lateral or alar cartilages have their points of origin. I have mentioned these various boundaries of the bone for the better appreciation of those who may consider an hour as an unwarrantable time to be expended in its exsection, and I would beg such to bear in mind the chief

embarrassment in the whole operation was the hemorrhage, which took place from the surfaces of the bone after the nasal process had been removed.

Upon catching the shelving portion of the bone (which was entirely diseased), with the forceps held in the right hand, and inserting my left fore-finger within the mouth, almost an entire separation of the base of the nasal process could be detected, and by raising the lip and placing the flat edge of a probe upon the anterior face of the diseased mass and pushing the instrument gently upward, not only a considerable portion of diseased bone could be detected, but it moved with but little difficulty to the internal angle of the orbit.

Taking all these circumstances into consideration, I told the patient that the whole process must come away. Upon learning this, he expressed some dissatisfaction, more however from his objection to the scar which would probably remain upon his face, than to submitting to the actual pain of the operation.

I advised him to see me on the next day, and during the interval that elapsed between the visits of my patient, I had determined to endeavor to exsect the bone by subcutaneous section.

Accordingly on the 30th of October last, at two o'clock P. M., the patient having been placed under the influence of chloroform, and facing as strong a light as I could command, Drs. Godfrey and Loague assisting, I drew up the upper lip with the thumb and fore-finger of the left hand, and taking a tenotomy knife with a strong shank and handle in the right hand, I inserted it with the flat side towards the bone, and carried it upward and inward to the angle of the eye, cautiously separating all the structures externally, and avoiding the lachrymal duct. The knife was then withdrawn, and with a small sharp chisel, the anterior attachment of the inferiorturbinated was severed. Disease had, however, attacked this bone, as it broke. With the forceps the whole of it was removed. At this stage of the operation the blood had become clotted in the nares, and portions of it had fallen to the fauces, impeding greatly respiration, and causing such a spluttering that time was lost in relieving the patient. Such trouble, however, had been foreseen, and the sponge probangs which had been provided for such emergency, proved of signal service. The greatest difficulty of the operation now presented in severing the internal attachment which consisted of healthy bone, which after some delay was accomplished by inserting within the nose a fine chisel, and with the edge turned outward, using it gently upward and downward. There remained now but a single attachment, the superior, which is the slightest of the three, this was readily broken away by catching with the forceps the base of the process, which was already loose from disease, and with a lateral though steady motion, making downward traction.

We had been so intent upon the operation, and no vessel requiring a ligature, that we did not observe the quantity of blood which had been lost, but when the sponging began, we were aware of the considerable amount of hemorrhage which was taking place; this continued for some time, and I was fearful that the track of the subcutaneous wound would have to be laid open externally. Rather, however, than resort to this, I first plugged

the wound with cotton, wetted with a saturated solution of alum. This not arresting the bleeding, I had recourse to a solution of the perchloride of iron, which finally arrested the hemorrhage. The patient at first was much prostrated, but soon recovered his strength, the wound healed well, and in six days after the operation he returned to his home.

E.

Partial Restoration of the Upper Lip.

The patient was a girl, of about fifteen. During the attack, the whole of the deciduous teeth had been cast off, the alveoli of the left superior maxillary bone, with their osseous septa, became necrosed and came away in pieces of larger or small size, accompanied with a discharge insupportably fetid; a large portion of the orbicularis oris muscle, with the integument and mucous membrane, were also entirely destroyed.

After convalescence, bone was reproduced, and the permanent teeth made their appearance; but that portion of the orbicularis oris muscle, extending from the left angle of the mouth to the left ala of the nose, and from that point a little to the right of the centre of the upper lip, was never reproduced. The mucous surface of the remains of the lip on the right side, and a portion of the cheek on the left, adhered to the gum; and the left margin, from the left ala to the left angle of the mouth, was somewhat serrated, quite thin, and appeared almost continuous with the exposed surface of the gum. The deformity resulting was considerable (Fig. 10); the gum, a central and lateral incisor, and the left canine tooth, were visible; there was a slight drawing downward of the left nostril, which, together with the thin irregular margin of the cheek on the left side, and a full and protuberant portion of the lip on the right, presented an appearance not particularly agreeable to a young lady about entering society.

On Friday, November 11th, the child was etherized by Prof. Adams, Dr. McManus, the physician to the family of the patient, and Prof. Temple, also assisted in the operation. I first dissected up the margin of the cheek and lip, separating all the adhesions within reach, and dividing, at the same time, the *frænum labii superioris*, to allow of the better extension of the parts; a free incision was then made along the thin margin of the cheek, from the ala of the nose, a little external to the left angle of the mouth. The next incision was made from the centre of the *septum narium*, along the full edge of the lip, in which the coronary artery was large and bled, but the application of a solution of the perchloride of iron immediately obviated this difficulty. The cut surfaces were then drawn together, but not directly applied to each other (in consideration of the subsequent swelling) and held in position by hare-lip pins and the figure of eight suture. The drawing over of the left margin of the wound caused a slight puckering of the lower lip; this result was mentioned to the class before the operation was commenced, it will, however, disappear in time by the necessary growth and elasticity of the parts.

The after treatment consisted in preventing adhesions between the divided mucous surfaces within the mouth by placing a piece of gutta-percha

Fig 10.

Fig 11.

Partial Restoration of the Upper Lip.

between the outer surface of the gum and the inner surface of the lip and cheek; then, in keeping the edges of the wood in opposition, by painting the parts with collodion, and by extending from cheek to cheek, beneath the nose, long and narrow adhesive straps, which also had the advantage of preventing too great a strain upon the sutures. The following is extracted from a letter from her physician:

December 4th.

"The wound has healed very kindly indeed, the process being attended with very little suppuration. Removed the upper pin on the fifth day, and the other on the seventh. The operation has been as successful as the most sanguine of her friends had anticipated." (Vide Fig. 11.)

F.

EXTIRPATION OF THE ENTIRE HALF OF THE INFERIOR MAXILLARY BONE, FOR NECROSIS OF THE SAME.

This case, which is one of extreme interest, was that of a boy of between twelve and thirteen years. He entered the Good Samaritan Hospital nearly eighteen months since for some trivial disease incident to childhood, which, from what I can learn, was speedily cured. Shortly after this period a swelling was observed on the left side of the face, which slowly increased in size until it involved the entire half of the face, drawing downwards and outwards the left ala of the nose, the left commissure of the mouth, and the left canthus of the eye. Suppuration then took place, and pieces of necrosed bone came away both internally and externally. No abatement, however, followed the removal of the sequestræ, or of the teeth, which, from time to time, had to be removed, until finally, upon consultation, it was concluded that entire extirpation of that portion of the jaw was the only method that could be relied upon to permanently arrest the disease. See (Fig. C) photograph.

Before proceeding to describe the operation it is a point of interest to notice very briefly the claims of those who have been regarded as the originators of the operation. By some the palm is yielded to Duypetran, by others to Mott, and by others again to a western physician, Dr. Deadenck, of Tennessee, and again by others to Mr. Cusack, of Dublin. Velpeau is considered by his admirers to also have a share in the honor of establishing the operation; while Mussey, of Cincinnati, and others proposed modifications which were important, as by their incisions the duct of Steno and the facial nerve were saved from injury. In another place and at another time it is my intention to enter somewhat minutely into these claims, as a considerable amount of discussion has already been raised upon this point; but to my own mind, after carefully examining the statements and the cases already upon record, there is a good deal that is very unsatisfactory, because the actual operative procedures have not been minutely stated. It is one thing to exsect the body of the bone and saw it off at the ramus and symphisis; it is another to take out the symphysis by severing a portion of the body of the bone on each side; while to disarticulate the condyle from the glenoid cavity, and divide the tendon of the temporal muscles is a very

much more severe, difficult and dangerous operation than either of the above named; but the extirpation of the entire bone at both tempero-maxillary articulations is certainly the crowning and most complete-operation, and there are few who have thus far attempted it.

Again, there have been several modes of operating proposed. Some surgeons recommend a quadrilateral flap, the horizontal cut being made along the inferior margin of the body of the inferior maxillary bone, which incision is met at each end by a perpendicular one, the first extending from the zygoma along the posterior border of the ramus; the second along the chin, from the lower lip to the symphysis.

Other surgeons of celebrity advise that the vermillion border of the lower lip be left entire, to insure a better appearance after the wound has healed. Others again prefer to make one single curve, beginning with the zygoma and carrying the knife downwards, forwards and upwards.

Dr. Mott recommended the plan of tying the common carotid artery before commencing the operation, a method which not only inflicts unnecessary pain and shock upon the patient, but which more than trebles the danger. To tie the carotid is in itself an operation attendd with no little risk, and surgeons of the present day prefer to take the chances of an immediate hemorrhage, rather than the shock which necessarily follows such an obstruction to the circulation.

There is again a choice of instruments. Some preferring to use in the division of the bone a Hey's saw, others the chain, and several have used both the saw and the bone-pliers of Liston. On all these points it is my intention, as before stated, to give a more extended and complete essay at a future time. The operation was conducted as follows at the Good Samaritan Hospital, on Thursday the 23d of February. Dr. Vastine took charge of the chloroform, and Drs. Fellerer and Comstock, both surgeons to the institution, assisting in its details

The patient was placed upon a bed in a sitting position, facing a window, and was soon placed fully under the effects of the anæsthetic, taking then a strong and sharp scalpel I entered it at the vermillion border of the lip and carried it down to the bone along the symphisis to the base of the chin (vide Fig. D, A B); then carrying it backward the cut was continued along the base of the tumor to the angle of the jaw (C); a second incision was now made, beginning a few lines in front of the ear (D) and carrying it downward to the angle of the jaw or to the termination of the first cut.

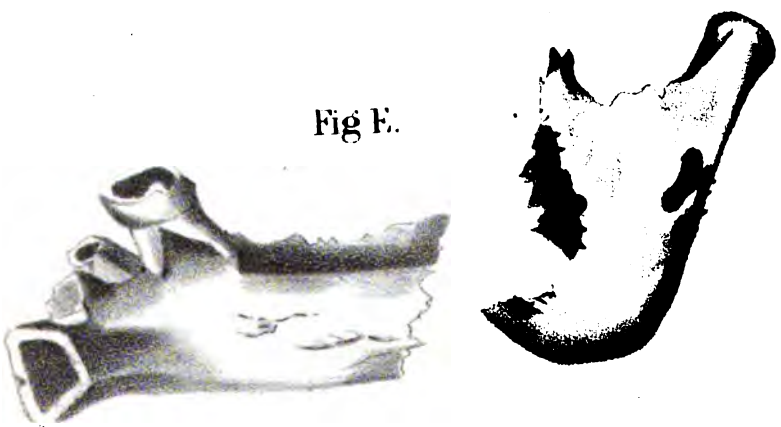
In its ccurse the knife necessarily divided the inferior coronary, the facial and the transverse facial arteries, together with the filaments of the facial nerve. There was for a short time necessarily considerable hemorrhage, but the lip being strongly compressed by Dr. Comstock with one hand, while with his other pressure was made upon the carotid, the bleeding from the labial and facial was arrested. While Dr. Fellerer seized the transverse facial, and with torsion succeeded in entirely arresting further bleeding from these vessels. The tissues of the cheek were immensely thickened, part of the flap being almost cartilaginous, while others were loaded with fatty depositions. There is no exaggeration, when it is stated, that for the knife to reach the bone, it had to divide one inch and a half of tissue. The vessels contracting into this hypertrophied mass completely

Fig C.

Necrosis of the Inferior Maxillary Bone.

Fig D.

Fig E.



Appearance presented by the bone after its removal.

arrested the hemorrhage. I now found it more convenient to sever completely the vermillion border of the lip, and placing the edge of the scalpel close to the bone, division was effected of the entire flap, which was laid over the face. A lateral incisor tooth being already withdrawn, I passed a sharp pointed bistoury behind the chin and severed the anterior belly of the digastric and the genio-hyoid muscle of that side. A chain saw was then passed through the opening thus made and the bone sawn through at its symphisis, taking then the severed extremity, the knife was inserted behind it, and the mylo-hyoid and other attachments sawed from before backward. It was then we were enabled to see the ravages that the disease had made, for the bone was entirely separated (vide Fig. E, A. B.); the whole ramus was divested of its periosteum, and the condyle was externally entirely exposed. The disease having destroyed the small external lateral ligament of the joint, it required but a touch of the knife to sever the internal ligament and the small portion of the tendon of the temporalis which remained. A few more strokes divided the pterygoides, and thus the most difficult and dangerous portion of the operation (the exarticulation of the bone) was accomplished by nature in her endeavors to throw off the diseased mass. While the lingual muscles were being divided, Dr. Vastine had charge of the tongue to prevent it falling backward and closing the epiglottis. The spiculæ of bone were removed, the wound thoroughly cleansed, and the flap brought over and retained by eleven insect pins with figure-of-eight suture. The patient was placed in bed and calendulæ solution kept constantly applied. The greater part of the wound healed by the first intention, and in four days the patient was out of bed. About the seventh day four pins were removed from the mesian line of the chin, union being perfect, and in a few days more the remaining sutures were taken away. At the present the swelling has, in a great measure, subsided, but it will, no doubt, be months before the face entirely regains its contour.

G.

A Case of Caries of the Elbow Joint—Successful Amputation.

The patient, aged thirty-eight, about two years since fell upon the ice, striking her left elbow with considerable force. The suffering occasioned by the fall was severe and lasted for some days; but after the lapse of several weeks, gradually disappeared.

A month later severe pain was experienced on the anterior face of the joint, which was supposed to be rheumatic in character, and was so treated by medical attendants. The arm, however, began to swell; and, none of the means resorted to for her relief proving of any avail, she entered the hospital in this city, where she remained for some time under the care of the surgeons, who opened an abscess that had pointed below the olecranon. She then returned to her home; but the disease was not arrested, nor had the abscess ceased discharging.

During many succeeding months she was under the care of an Allopathic physician, who used many external applications to the joint—poultices,

liniments, &c., and who at various periods lanced the swelling at different points.

When she came into my hands I found the arm enormously swollen (vide Fig. A), and enveloped in a correspondingly enormous stramonium poultice; five sinuses taking a course directly to the elbow joint, were continually pouring out a thin, ill-conditioned pus; an abscess was pointing at the middle and posterior aspect of the fore arm, and the patient, emaciated by the constant discharge and excessive pain, presented all the appearances of dangerous hectic.

The first point in the treatment was to remove the poultice that covered the arm.

It is astonishing that there are so many in the profession who, apparently, do not understand the action of a poultice, when it does good, or when harm, and who indiscriminatly order its continual application without regard either to the character of the discharge, the stage of the disease, or the condition of the patient. The poultice aforesaid had been continually kept upon the arm for seven weeks, and was the successor to others of like proportion and character.

The abscess was then lanced and a large quantity of pus evacuated. The probe introduced into the sinuses gave unmistakeable evidence of caries and destroyed periosteum of the three bones which enter into the formation of the elbow joint. A roller, wet with calendula solution, was applied the whole length of the fore arm and arm, and silicea was administered internally three times per day. Under this treatment, and a nutritious and slightly stimulating diet, the patient gradually improved, her rest was more tranquil, and the tumefaction of the arm subsided considerably; but at this point the case remained stationary, and all the remedial measures that were applied failed to bring her onward in convalescence. This condition of things continued for several weeks, until, finally, it was impossible not to observe that the disease was again assuming the mastery.

At this juncture I advised either resection of the joint, or amputation as a last resort, and accordingly the patient was brought to the city for that purpose.

Conservative surgery, in its recommendation to excise bones and joints, saves many valuable limbs, and these operations, particularly resection of the knee and elbow, are being successfully practiced where amputation, according to the old opinions, was the only hope of relief. In the *American Medical Times* for Nov. 30th, 1861, we find a quotation from a London journal, which bears upon this point. It reads: "At King's College it is now a rare thing to see an amputation; and Mr. Ferguson asserts that, in almost nine cases out of ten, excision should be performed in its stead."

But the desideratum is not only to save the limb, but that the member may be somewhat useful to the patient, and that no risk may be incurred in the operation.

Let us look for a moment into the anatomy of the elbow joint and its surroundings for the proper diagnosis and prognosis of exsection We find the upper pronators of the forearm and the flexors of the fingers attached by means of the intermuscular septum to the sharp ridge on the internal condyle of the humerus, and the supinators and some of the exten-

Caries of the Elbow Joint

Fig A.

Appearance presented by the arm affected with Caries Articli before amputation.

Fig B.

Appearance of bones after amputation.

sors of the fingers fixed to a corresponding portion of the external condyle. The origin of these muscles occupies a space of an inch or an inch and a half on either side of the lower extremity of the arm-bone.

On the anterior face of the joint we see the great flexor of the fore-arm on the arm, the biceps, attached to the tubercle of the radius and the brachialis internus fixed to the coronoid process of the ulna. The triceps extensor forms the posterior covering of the joint, and is adherent to the olecranon process of the ulna. Beneath this muscle, and winding around the olecranon, the ulnar nerve takes its course. Such, with the external and internal, anterior and posterior lateral ligaments, are the structures that demand consideration in the exsection of the elbow joint.

If, then, disease has affected the lower portion of the condyles of the humerus, leaving some healthy bone above for the attachment of the flexors and pronators, the extensors and supinators—exsection of the diseased mass should certainly be practiced.

If the whole of the olecranon be involved, together with the sigmoid notches, and even a part of the coronoid process, leaving, however, a healthy point for the insertion of the anterior brachial muscle—the limb may be saved. If, together with this, the head and neck of the radius be implicated, leaving the tubercle for the attachment of the biceps—exsection is the remedy. But if, on the contrary, both condyles of the humerus and the ridges leading to them, together with the shaft of the bone itself, the coronoid process of the ulna, and the tubercle of the radius, and body of the bones, be in a state of disorganization, nothing but amputation can be resorted to with a reasonable hope of success.

In this case it was impossible to determine with the probe to what extent the caries had extended, and I therefore determined to proceed cautiously and endeavor to exsect the joint, but if, upon cutting down upon the bones, they should be found in a condition not favorable for such an operation, to amputate the arm at the middle third of the humerus.

Accordingly, on the second day of November, in the presence of Drs. Godfrie, Langue, Morrison, and Spalding, the patient being placed fully under the influence of chloroform, and turned upon her right side, I made two incisions, each about four inches in length, on the posterior surface of the point corresponding with the condyles of the humerus, by joining these by a transverse cut, two flaps were made, and dissected up. The hemorrhage from this part of the operation, although no vessels of any import were divided, was quite profuse, owing to the enlarged condition of the capillaries. The blood was thin and dark colored. The tendon of the triceps was then cut through and the olecranon exposed; the whole joint was found, upon examination, to be so much involved, and the shafts of all the bones so implicated, that the tourniquet was applied, and I removed the arm by the circular method, at the third. Eight ligatures were required to arrest the bleeding, and the oozing was so considerable that the wound was allowed to remain open for some time. The edges were then brought together with silk sutures, a roller bandage applied from above downward to the stump, and compresses, saturated with a solution of calendula, laid upon the cut surfaces. Six, P. M., the patient rallied from the effects

of the anaesthesia well, but complained bitterly of severe pain in the region of the heart.

℞ Aconite 1, gtt. x,
Aqua font, ʒ iv.

A dessert spoonful every thirty minutes. The effects of this medicine in allaying these engorgements is surprising; in two or three hours the symptom was much alleviated.

November 3d. Passed a quiet night; opened the stump; no tension; considerable oozing; ordered aconite continued and the calendula solution frequently repeated; not much appetite.

November 5th. Stump looks well; removed two of the sutures to allow free drain; applied three light straps; continued calendula water dressings; complained of pain during the dressing. Diet: beef tea and brandy and water.

November 7th. A rainy day; patient complains of sharp pain running to shoulder and neck; also of the usual sensations in the finger.

℞ Daphne mez. 6th dil., gtt. xv,
Aqua font, ʒ vj.

A tablespoonful every two hours.

From this period the patient continued to improve. The diet has been stimulating from the first, and she improved steadily so soon as she had recovered from the first shock of the amputation. The last ligature came away on the twenty-ninth day, and the patient was discharged on the nineteenth of December with a good and perfectly healed stump. For the appearance presented by the bones, vide Fig. B.

H.

A Rare Case of Hepatic Abscess, in which the Abdominal Walls were Pierced Seven Times, and over Thirty Pints of Pus Evacuated; with an Account of the Autopsy.

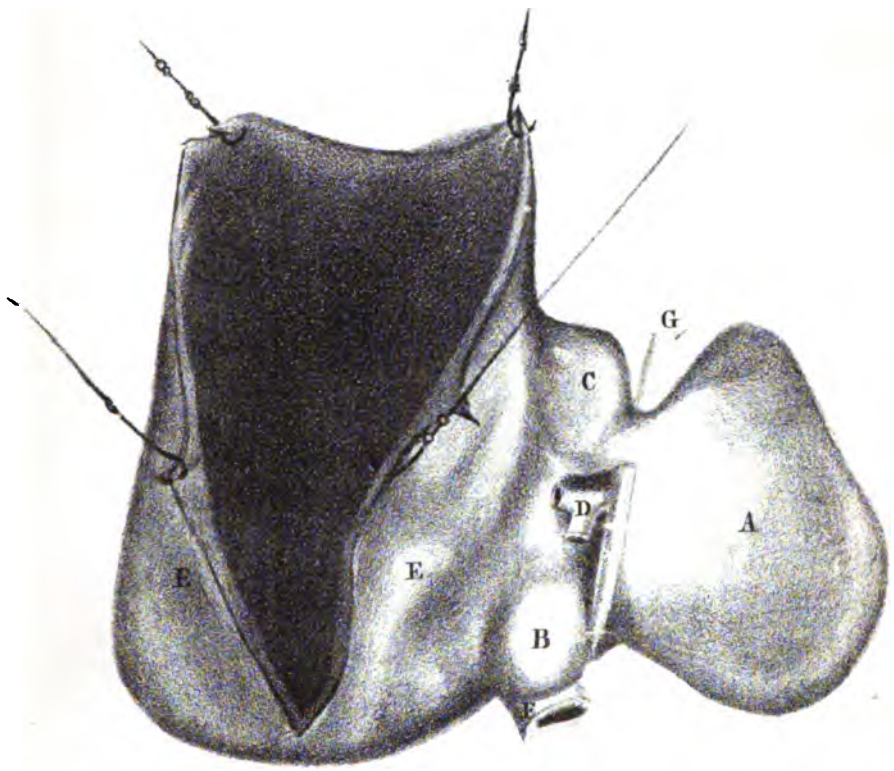
The case of hepatic abscess, which I am about to record, is one full of interest, inasmuch as it presents many features that differ from ordinary cases of the kind, in the number of times that operations were performed for the relief of the patient, the enormous amount of pus that was discharged, and the absence of certain symptoms which are generally regarded as pathognomonic of suppurative inflammation of the liver.

It is scarcely necessary, in a paper of this kind, to enter upon the anatomical description of the liver, which is certainly in a general manner familiar to all, though I confess that one must have a clear head to understand at a single reading the microscopic anatomy of the organ.

We are liable to become entangled in the technicalities; what with lobes and lobules, vaginal plexuses, sub-lobular hepatic veins and inter-lobular hepatic ducts, intra-lobular portal circulation and lobular hepatic arteries, the description is liable to become rather confused; at least so I found it, and always experienced difficulty in explaining to students the wonderful and beautiful mechanism of this great gland, until I impressed upon them one fact, viz: That each lobe of the liver constitutes in itself an epitome of

The under surface of the Liver.

Fig 12.



A. Left Lobe. B. Lobus Spigelii. C. Remains of Lobus Quadratus. D. Venæ Portæ. E.E. Portions of the right lobe forming walls of the cavity. F. Inferior Vena Cavæ. G. Ductus Venosus. The Cavity is exposed by drawing the Parieties aside.

hepatic structure, and that there are *two* sets of veins, one artery and one duct in each lobule; that of the two varieties of hepatic veins, the first is the intra-lobular, which occupies the centre of lobule, and receives the blood from a plexus, formed in each lobule by the radicles of the portal vein; the second variety being those veins contained in canals formed by the bases of the lobules, applied side by side, and which veins, for the most part, receive the intra-lobular veins, or, in other words, in each of the minute lobules of the liver we have first, an artery (usual in all organs) to supply the requisite sustenance to the part; second, a vein to carry off effete blood; then thirdly, we have blood from which bile is extracted, contained in the portal vein, the secretion being carried away or received, fourthly, into the ultimate ducts of the acini, and following these channels to the larger biliary canals. The minute anatomy of the liver is a most wonderful creation of nature, and its study will repay any one who undertakes it in the right spirit.

Diseases of the liver are not of very infrequent occurrence, but I candidly believe that they will proportionably diminish as people begin to understand a little more true physiology.

In this western county the poor liver is a perfect pack-horse. The first word that a child pronounces is "bilious;" men come to you with backache and tell you they are bilious; women with the stomach-ache say they are bilious; Johnny has a cough and his liver is torpid; and Julia is constipated because her liver "wont't act." It is a bilious country, and the bile and liver, and the liver and bile are first to be *"acted on"* in every case of disease, whether tooth-ache or tetanus, colic or typhoid fever; and what is the result of such ideas? Ideas that are instilled into the hearts of the little ones, and grow with their growth, and strengthen with their strength. Ah! the result is too palpable, viz., to find something to stimulate the liver, and *calomel* is introduced; blue pill is taken or prescribed, and constitutions are ruined, health is banished, and as the pale cheek of disease comes slowly on, still the cry is for mercury, more stimulus for the liver. Every doctor who has seen six months practice knows this; every layman who has watched his own or his neighbor's children, is perfectly aware of the fact. I recollect hearing old Dr. Meigs once say in a lecture to his students, that if he held at that moment the last particle of mercury in the world, and no more could be obtained, that he would destroy the medicine, as he believed that although certainly one of the most frequently beneficial agents in the materia medica, yet its abuse had greatly exceeded its curative results. Dr. Abercrombie says: "In the liver diseases of this country, mercury is often used in an indiscriminate manner, and with very undefined notions as to a certain specific influence, which it is supposed to exert over all the morbid conditions of this organ."

If the liver is supposed to be in a state of torpor, mercury is given to excite it, if in a state of acute inflammation, mercury is given to moderate the inflammation and reduce its action, There can be no doubt that the constant use of calomel and other preparations of the mineral have and still will continue to induce many abnormal derangements of the liver, and to my mind suppurative inflammation of the organ, is certainly one of them.

On the seventeenth of July, 1862, I was called to the "Sisters' Hospital," in this city, to visit a gentleman who had been ill there for some time, and having undergone the usual routine of the old school, was anxious to ascertain if the new gave any better prospect of success. I found him, though a man of large frame, considerably emaciated with a hard swelling, not discolored, on his right side, extending from beneath the cartilages of the ribs to a short distance below the umbilicus and filling up the whole epigastric region. The tumor was very hard, and was moveable to such an extent, that I at first believed it to be unconnected with the liver; there was no pain, no sensitiveness, no cough, but little fever; in fact no very marked symptom, excepting anorexia with the emaciation, and a feeling of numbness with pain in the left leg. It is well to recollect the latter symptom for future diagnosis. This pain continued to a greater or less extent to the termination of the patient's life, and was exactly similar in character to that described by authors as being complained of in the shoulder by those suffering from suppurative inflammation of the liver. Indeed, this peculiar suffering is often so remarkable that it at least deserves a passing notice. Budd* writes: "Pain in the right shoulder is indeed far less frequent in cases of abscess of the liver than is generally imagined, but it existed in five out of the fifteen cases I had to treat at the Drednought, and in some of these cases there could be no doubt that the pain in the shoulder was dependant upon the disease of the liver." The same author states that of five patients treated by M. Louis, not one experienced pain in the shoulder, but that Annesby believes that pain in that locality is a sure indication that disease is situated in the right lobe. Some authors have even stated that when the pain exists in the right shoulder, the abscess is situated on the *convex* surface of the *right* lobe. This peculiar suffering is unaccompanied with heat or swelling, and is not much increased by pressure, although it may be and often is aggravated by compression of the liver. My patient, as has been before observed, had not this pain, but complained bitterly of his left leg, particularly about the knee-joint. In fact, we may certainly assume that these sufferings are purely sympathetic, whether they are referred to the shoulder, the knee, or to the right rectus muscle, which latter is considered by Mr. Twining, and other surgeons of India, as a pathognomonic indication of deep seated hepatic abscess.

Having removed the iodine which was applied to the swelling, I substituted compresses wet with tepid water to the part, and knowing that the patient had for some time been under the influence of powerful mercurials, I prescribed,

℞ Acidi-nitric, ʒ, gtt. x.
Aqua font, ʒ ij.

A tablespoonful every three hours, together with an acid foot-bath, prepared with nitre, muriatic acid and hot water. In two days, although there was no perceptible change in the swelling, the general condition of the patient was improved; and, believing that he had received enough mercury to perceive its primary and perhaps poisonous effect, yet that its

* On Diseases of the Liver, p. 14.

curative action might be developed, I ordered, mercurius vivus, 6 pulv. xx. A powder morning, noon and night.

This treatment was continued for some time, the general health improving, but the other symptoms remaining stationary; at this juncture I requested Dr. Temple to see him with me in consultation, and we prescribed, for the presenting symptoms,

Conium mac., 30. A dose at bed-time.

Arsen. alb., 30. A dose in the morning.

He improved slowly under this treatment, but I was convinced that in a private room at the hospital the air was not of a sufficient purity, and, therefore advised his removal not only from the institution, but from the city. This was accordingly done, and medicine given to him to last a number of days. On the 24th day of August, when we visited the patient, there was a manifest change in the tumor; it was larger, not so circumscribed, was causing dyspnœa, and fluctuation could, by very careful manipulation, be felt below the cartilage of the first false rib.

During all this period the questions that forced themselves upon our minds were, first, as to the cause of this disease; and secondly, the propriety of opening the cavity of the abscess. There were, be it remembered, in this case no well marked symptoms of suppuration, as would naturally be expected, during the formation of a large quantity of pus; indeed, from the first there was an absence of many of the characteristics which belong to the hepatic abscess, and which Gross * describes as "severe aching, gnawing, throbbing pain in the hypochondriac and scapular regions; marked enlargement of the liver; great embarrassment of breathing and inability to lie on the left side, accompanied by violent rigors, alternating with flushes of heat, excessive gastric irritability, and a muddy, jaundiced state of the eye and skin. As the matter accumulates and approaches the surface of the organ, it excites inflammation in its peritoneal covering, causing it to adhere to the wall of the abdomen." There could be, however, no doubt as to the true character of the disorder, but the diagnosis was of deep-seated matter, affecting probably the substance of the liver and not its capsule, still making the disorder of more grave character.† Should the pus be evacuated artificially, or should it be allowed to discharge itself?

It is well known that there are many points of exit, through which hepatic pus may pass, and patients have been known to recover after the rupture of large hepatic abcesses; on the other hand the operation is attended with some risk, and not many have survived its performance,—I mean recovered their wonted health. Again, we know that many at once succumb to the inflammatory action engendered by the purulent matter from the liver escaping into other parts of the body.

It is interesting to observe how many points have been the site of rupture of large hepatic abscesses. Cragie‡ says that, besides the abscess

* Operative Surgery, Vol. II. p. 795.

† "Suppurative inflammation of the liver must be considered as affecting either the substance of the liver or its capsule; the former is, in temperate climates, rather a rare affection."—Jones & Skeivering's Path. Anat., p. 510.

‡ Pathological Anatomy, 859–860.

discharging into the abdominal cavity, the pus may pass through the air-cells into the bronchii, by the adhesive process into some part of the intestinal canal, the stomach, transverse arch of the colon or even the duodenum, and Rokitansky,* with his usual system and accurateness, mentions several other outlets, as into the gall-bladder, or one of the larger branches of the hepatic duct, through the diaphragm into the pericardium, and even into large vessels, as the vena cava. He mentions a case in which communication was established between a hepatic abscess, and the vena portal and the duodenum.

Taking, therefore, all these circumstances into consideration, and the great danger of allowing a large collection of pus to discharge itself, we, without very long deliberation, came to the conclusion to let out the fluid, although the operation itself is not one that is always successful, or free from danger. Mr. Budd† says: "Many physicians have recommended that abscesses of the liver be opened; but there is much danger in the practice." He then mentions several sources of danger, first of which is the difficulty of distinguishing a hepatic abscess from a distended gall-bladder, the puncture of which would of course prove almost immediately fatal to the patient.

Now, although Annesly and Dr. Stokes allude to this difficult diagnosis as a source of great danger, and although cases of this kind are upon record for our information, yet so far as my own experience goes, I should judge that the diagnosis between the two disorders could be sufficiently made out to prevent such a blunder. Another hazard is much more to be dreaded. On this point Budd‡ writes: "A source of far greater danger is the circumstance which has been before noticed, that the inflammation which leads to abscess is often confined to the substance of the liver, and does not involve its capsule. As the abscess approaches the surface, adhesive inflammation of the peritoneum immediately above it usually takes place, and a small quantity of lymph is poured out, which causes adhesions between the wall of the abscess and the parts with which it is brought into contact. These adhesions are often of very small extent; sometimes they do not form at all, and as I have before remarked, the abscess bursts into the cavity of the peritoneum, causing speedy collapse and death. By opening an abscess of the liver before adhesions have formed, we may be directly instrumental in bringing on this fatal issue; the pus may escape into the cavity of the peritoneum, and the patient die in a few hours, obviously in consequence of the operation." Another danger is also encountered in allowing air to enter the cavity of the abscess, and decomposition of both air and pus results, and fresh inflammatory action is developed.

These considerations being fully recognized, after due consultation, it was deemed proper to open the abscess, particularly as the patient was suffering intensely from oppression of breathing and other symptoms, which appeared to demand immediate relief.

---

* Pathological Anatomy, vol. II, p. 108.

† Diseases of the Liver, p. 123.

‡ Diseases of the Liver, p. 123.

Accordingly, on the 25th day of August, Dr. Temple and myself visited the patient, and after careful examination and manipulation detected fluctuation below the second false rib. At this spot I introduced a trocar, and passed it about half of the depth of the instrument, but no matter followed its withdrawal; it was again inserted into the canula, the instrument pressed up to the guard, the whole length of the canula, immediately the pus began to flow, and a little over five pints were evacuated. The precaution had been taken to make a valvular opening to prevent the admission of air when the canula was withdrawn. It is interesting to study the true character of this matter. It was very thick, and of a reddish chocolate color, having also that peculiar heavy and nauseating odor, which we find in the dissecting room during the examination of decayed liver; occasionally there was mixed with this a fluid which evidently was unadulterated pus. Upon thinking of the color of this pus I was for a time rather puzzled, because, upon consulting some authorities upon the subject, I found that the suppurative process in the liver generally ended in the formation of the ordinary purulent matter. Budd* says: "The matter in a hepatic abscess is usually *white* or *yellowish*, and is *free from odor*, unless when it is in close proximity to the lungs, where it sometimes becomes decomposed and fetid from the admission of air." He then goes on to state that many of the older writers described the pus of abscesses of the liver as being generally red or claret colored; but, according to his experience, such observations are incorrect. It is well to bear this statement in mind in order to explain wherein Mr. Budd is right and wherein also the "old writers" are perfectly correct. This will appear from the following facts. Rokitansky† states: "In reference to its contents, the hepatic abscess presents considerable differences at different periods, depending in part upon the communication established in the biliary vessels; and a large abscess of long standing invariably contains pus, mixed with a considerable amount of bile, which arises from a *communication which is established between the larger gall ducts.*" Jones and Skeivering‡ also the following, which is worthy of remark in this connection: "When an enlarging abscess reaches a hepatic duct branch, it does not set up inflammation in its walls and cause its obstruction, but it ulcerates through its tunic, and establishes a communication between the efferent channel and its own cavity. Hence it occurs that the pus contained in large abscesses is always mingled with a considerable amount of bile, while that of the smaller or recent abscesses is almost pure."

From these facts we would draw the deduction that in the majority of cases examined by Mr. Budd, the abscesses were recent and of rather limited extent, while the observations of the older authors were probably based upon the appearances derived from large collections of hepatic pus.

In the present case the admixture of the bile no doubt was the cause of the peculiar color of the liquid, and the explanation is readily found, as

* Suppurative Inflammation of the Liver, p. 107.
† Pathological Anatomy, Vol. II, p. 107.
‡ Pathological Anatomy, p. 510–511.

mentioned in the above quotations, in the destruction of the walls of the vaginal hepatic ducts.

After the evacuation of a little over five pints, the very weak condition of the patient induced us to withdraw the instrument. The medicine then prescribed was *arsenicum* in solution once in four hours.

August 26th.—Passed a very comfortable night; no pain in the wound or in the region of the abscess; a fair appetite; pulse about 98; patient cheerful, and expresses his satisfaction at the operation. Continue arsenicum.

August 27th.—Not much sleep; restless and feverish; skin hot and dry; not much enlargement over the cavity of the abscess. Prescribed chamomilla and arsenicum.

August 28th.—Better than yesterday. We concluded to let out the remaining quantity of pus, and therefore with a valvular opening entered the trocar on the margin of the quadratus lumborum, about four inches lower down than at the preceding puncture.

The instrument was pushed as far as it could be made to enter. The discharge was not so thick, nor quite so highly colored, although it presented many similar characteristics to that evacuated on the 26th. About the same quantity was drawn off. The patient was relieved very much by this operation.

August 29th. Passed a good night; prescribed hepar and arsenicum, two doses of each daily, applied water compresses to the side, ordered slight stimulus, wine whey, broth, &c., and left him for some days with the understanding that I was to hear daily of his condition.

We may here pause for a moment, to speak of the various methods that have been devised for the opening of these abscesses, and to understand their rationale, we must recollect the dangers that are to be encountered in the operation; these are mainly two, the first being the risk that adhesion has not taken place between the peritoneum and the wall of the abscess; and that by the puncture an opening may be made that would allow a certain quantity of pus to escape into the cavity of the peritoneum, thereby causing inflammatory action and speedy death; and secondly, the danger of the admission of air into the cavity, thereby setting up decomposition of the pus already formed, and exciting the pyogenic membrane lining the abscess to fresh production of purulent matter. To obviate the first difficulty, viz: the discharge of pus into the peritoneal cavity, the following process has been devised by Dr. Graves, and is recommended by other surgeons, viz: to make free incisions through the muscular parieties of the abdomen, and to press to the bottom of the wounds thus made, pledgets of lint, thereby exciting adhesive inflammation between the reflected layer of the peritoneum and that covering the abscess, thus making sure that no pus can enter the abdominal cavity after the puncture of the abscess. The admission of air into the cavity can also be prevented, first, by making a valvular opening, or by having screwed to the canula a bladder with a stop-cock attached (as recommended in the puncture of the thoracic walls); by turning the valve the air is prevented from passing through the canula, and the bladder may be emptied at pleasure. Taking,

however, the precaution of drawing the integument well over the spot at which the puncture is to be made, and holding it firmly in that position while the trocar is entered obliquely, it will readily be perceived that so soon as the canula is withdrawn, the skin by its natural elasticity will retract to its usual position, and thus effectually close the opening.

After the last operation was concluded, a depression in the right hypochondriac existed, about the size of a child's head.

September 3d. Sent for in haste; found the patient exhausted, suffering from oppression, and eagerly demanding another operation.

Passed the trocar at a point about midway between the sites of the other operations. Drew off five pints of purulent matter, of much the same appearance and odor. Great relief experienced by the patient.

September 4th. Better, has a little appetite; complains of great prostration. Ordered silex and arsenicum, slight stimulants, &c.

September 12th. Again necessity compelled us to perform another operation. Four pints of thin and dark colored matter were evacuated.

September 13th. Much prostrated, no sleep; appetite gone; great concavity in the affected side.

September 19th. At the urgent request of the patient and family, the fifth puncture was made, and four and a half pints of pus came away.

About this period, the patient began to sink more rapidly, and having some very important pecuniary business to transact before the fatal termination of his disease, he desired to be removed to town, to be more convenient to his lawyers, who were necessarily in frequent communication with him in reference to his estate.

September 26th. The sixth puncture was made, and as the pus found exit, a horrid fœtor announced the rapid decomposition of parts. Again four pints of this fluid were evacuated. The patient was now emaciated to a skeleton, he complained so bitterly of his bed being so "hard," and bed sores making their appearance in different parts of his body, that I had him placed on a water-couch.

The inexpressible relief that he found from this luxury of the sick-room, was as gratifying to myself as to immediate relatives and friends.

October 4th. Again he demanded another operation to relieve his anguish. The last two I had performed myself without any assistance, owing to the unseasonable times that generally had to be selected for making the puncture; at this, the last operation, Dr. Fellerer assisted me The trocar was entered about the same locality, taking care as usual to avoid the old cicatrices, and three pints of the same fœtid matter drawn off From this time he slowly sank, without pain, and lived for three days when he died in the most quiet manner.

The *autopsy* was made in the presence of Drs. Temple, Luyties and Comstock. Before opening the body we evacuated the abscess, by a large incision through the quadratus lumborum muscle, I think that quite half a gallon of matter passed into the bucket. It was extremely fœtid. Upon exposing the lungs, they were found pale and atrophied, with slight tendency to tuberculous deposit on the apex of the right lobe.

These were of long standing. The heart was smaller than natural, the pericardium somewhat thickened, the fluid, about normal in quantity.

There were some adhesions of the pleura on the left side of the thorax.

The stomach was healthy, the spleen enlarged and congested, the kidneys normal. The liver was a perfect pathological curiosity. It extended far below the umbilicus but did not encroach very much more than ordinarily into the left hypochondriac region. The enormous swelling was in the right lobe. A most perfect and beautiful adhesion had taken place between the parietal peritoneal coat of the organ and its reflected portion, along the usually free and sharp edge of the right lobe. This provision of nature to prevent the pus from escaping into the abdomen, was wonderful to behold.

The cavity, an enormous one (vide Fig. 12), was confined exclusively to the right lobe of the liver, the thinnest wall being inferiorily, and the thickest laterally. This appearance immediately accounted for the depth to which the trocar had to be passed to reach the cavity of the abscess. The left and other lobes of the liver did not present any appearance of suppurative inflammatory action, although all were somewhat hypertrophied. The weight of the whole mass after it had been thoroughly cleansed and divested of appendages, was ten pounds and a half.

Thus, I believe, is recorded a remarkable case of hepatic abscess, wherein over thirty pints of matter were drawn off, and seven operations made.

To estimate the quantity of matter in its proper light, I will give one more quotation from Budd: "Abscesses of the liver sometimes attain an extraordinary size. In one instance, I estimated the quantity of matter in an abscess to be two quarts. A case is related by Annesly, in which an abscess of the liver contained ninety ounces of matter, and Dr. Inman, of Liverpool, has sent me an account of one still more extraordinary, that fell under his own observation, in which the quantity of matter was found by measurement to be thirteen pints."

I would here also remark, that the liver which I have now carefully preserved among my preparations, I find, much to my sorrow, appears to be decomposing on the thinner or concave margin of the abscess, although I ave used both alcohol and corrosive sublimate to harden the structure.

ARTICLE V.

Importance of Pathological Indications in the Selection of Remedies, illustrated by the action of Tartar Emetic. By EDWIN M. HALE, M. D., of Chicago, Ill.

Hahnemann placed the science of medicine on an imperishable basis, when he discovered that remedies for disease should be selected by the law of "*similia;*" and that the symptoms of the medicine should be our guide in all cases. By symptoms he understood those sensations, pains, etc., caused by the drug, and which are termed the subjective symptoms of a pathogenesis. I do not mean to imply that he ignored the objective symptoms altogether, but they certainly occupied a lower place in his estimation. Such was the uncertain condition of the science of pathology in his time, that it is not to be wondered at that Hahnemann should reject its dubious teachings; but, in so doing, he went to the other extreme, and his followers, even to this day, have imitated his example. It remains for homœopathic physicians of the present day to finish the glorious work Hahnemann begun and add their pathological pathogeneses to his excellent symptomological provings. Not until we have such provings, can we consider our materia medica to be based upon a perfect method. In the introduction to a late work on New Remedies,* the writer has given his views on this subject.

The tendency among physicians now, is to engage more fully than formerly in the study of the pathology of disease; and this naturally leads to the study of the pathological effects of medicines. There are not wanting, however, even now, those who affect to despise the assistance of pathology in diagnosis, and assert that it is of no importance as a guide in the selection of the specific homœopathic remedy. I propose to illustrate, by the action of tartar emetic, the importance of a proper study of drug-pathology, as well as drug-symptoms.

I have selected this drug because its action is so profound and pervading that its pathological effects are well known. We will not trouble ourselves to inquire *how* it acts on the organism; whether through the circulation of the blood or nervous impulsion. Such abstract questions are out of place in a practical paper.

For all practical purposes, we may consider the two tissues, skin and mucous membrane as analogous. A medicine which profoundly affects the one also affects the other, and the drug under consideration is no exception to the general rule. The endemic application of tartar emetic causes the following condition: "It at first produces redness, and afterwards pustules which closely resemble those of small-pox, like which they form scabs and may leave indelible scars behind them."† This eruption is usually mature on the fourth or fifth day. If the skin is delicate or diseased, large and

* New Homœopathic Provings, page vii.

† Stille's Therapeutics and Materia Medica.

deep sloughs are produced. Its effects may even go deeper than the skin, for Neumann saw caries of the sternum and vertebræ from the use of the ointment. The eruptions caused by this drug are thus described: "Pustular eruptions with brown serum; redness and erysipelatous tension of the skin; small scabs replaced by indelible cicatrices." "The skin becomes hot and animated; slowly small isolated pustules (aqueous), with a red aerola, develop themselves: in the interspaces the skin red and tumefied, and the resemblance to small-pox is very marked. If applied again, pustules slowly enlarge, blue in color, depressed in center, and contain pus; on the fourth or fifth day they become confluent; pain is then very great; crusts with depression like those of small-pox."

Many allopathic writers have reported that the application of tartar emetic ointment upon a part has been followed by a crop of pustules upon another and often distant region of the body, and that even its internal administration in small doses has caused eruptions similar to those described above upon the skin. Mayerhoffin, in his careful experiments, mentions "a transient, but irritating pustular eruption upon the skin." The same fact is also noticed by Lohmeier. In cases of poisoning by large doses this symptom has been more notable. In a case reported in the Lancet, by Dr. Pollock, there was, "on the third day, a copious eruption of tartar emetic pustules on the whole body." Stille says this is the only example known of such an occurrence; but in this he is wrong, for in our recorded pathogenesis it is mentioned as of frequent occurrence.*

Case I.

One writer mentions "vesicular eruptions over the whole body; eruptions of pustules and vesicles which fill with pus in two days similar to variolous pustules, and very painful; these pustules dry and form crusts; this eruption comes out at first in the face and forearms and then upon the back."

Case II.

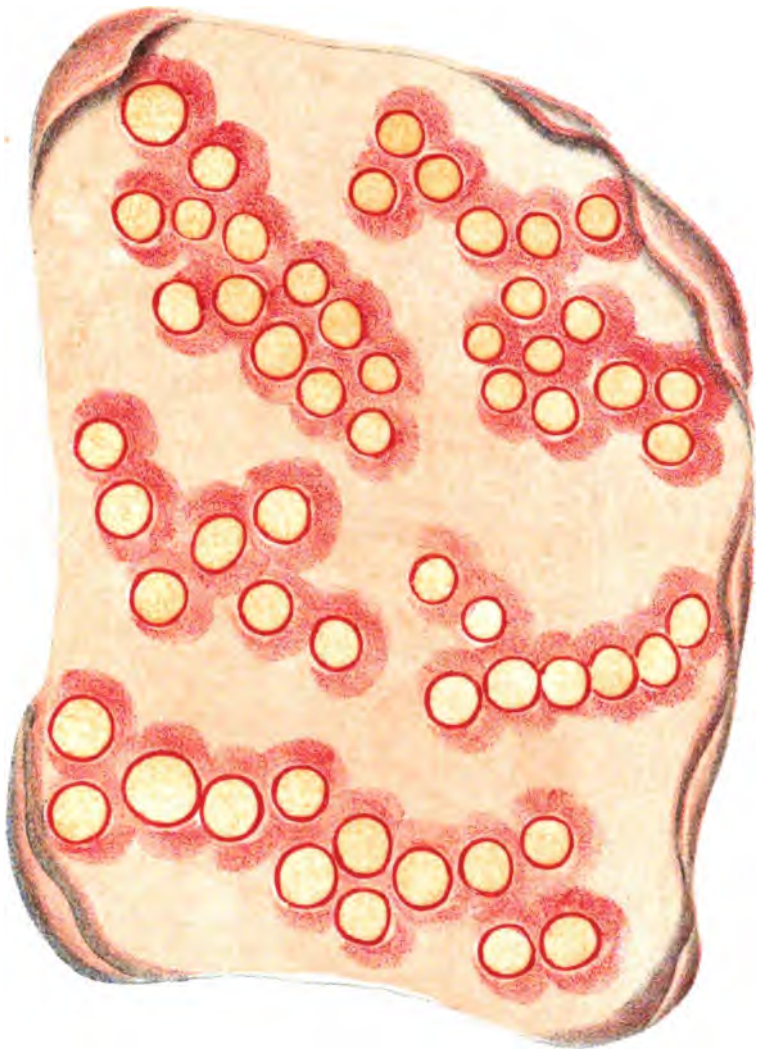
"An Essex farmer had been taking the tartar emetic for six days in half grain doses, every three hours, while suffering under acute pneumonia. The characteristic eruption made its appearance over the whole body; the patient was so well covered with pustules that his friends mistook the eruption for small-pox, a natural error." †

Case III.

"Dr. Böckh, of Griefenhagen, ordered a fisherman to take two grains of tartar emetic in the course of thirty-six hours, for the cure of pneumonia. Scarcely twenty-four hours after the last dose, there appeared an eruption exactly resembling that caused by the external application of the salt. It consisted of small papulæ or vesicles which rapidly enlarged and became full of pus, and of a deep red color at the base, resembling mature variolus pustules. In the course of a few days, they became dry and crusted at the top. The eruption appeared first on the inner surface of the forearm, and then on the whole back where the pustules were partly solitary and partly grouped."‡

* Elements of a New Materia Medica, by Marcy, *et al.*, page 399.
† London Lancet. ‡ Ib.

Ulcers upon the Tongue & Throat produced by Tartar emetic.



Variola.

CASE IV.

"A man with pneumonia took ten grains of tartar emetic in solution, in thirty-four hours. About twenty-four hours after the last dose, an eruption appeared which resembled in the closest particulars that produced by tartar emetic ointment; it consisted of pimples and vesicles which increased rapidly in size and filled with pus in two days; they were surrounded with a red base and resembled closely matured pustules of small pox, or smaller pustules of cow-pox. They were exceedingly painful, but most of them dried up in a few days and formed crusts; a few became longer than the others and then resembled the pustules of ecthyma. The eruption commenced on the inner surface of the right forearm, and then spread over the whole back where the pustules were both isolated, grouped and confluent."*

CASE V.

"A girl, aged fourteen, took twenty grains of tartar emetic in the course of two weeks, when a pustular eruption appeared exactly similar to that caused by the ointment when applied to the skin."†

These observations settle conclusively that the tartar emetic, whether applied externally or administered internally, produces a peculiar eruption on the skin bearing a close resemblance to the eruption of small-pox, and some other exanthemata. In connection with this, another well known fact should not be forgotten, namely, that whether used externally or internally, a similar pustular (apthous) eruption, with similar lesions, is observed on the mucous membrane of the mouth, throat and portions of the intestinal canal, showing that its action on these analogous tissues is quite similar if not identical.

The symptoms above noted, it will be observed, are all objective. Subjective symptoms, were of course not wanting—they were such as usually attend such eruptions—but were not as peculiar as the eruption itself; that is, no physician could have diagnosed such an eruption from the mere mention of the subjective symptoms attending. In a plate appended to this paper will be seen a comparative illustration of the tartar emetic eruption on the mucous membrane of the fauces, and the small-pox pustules on the skin. It will be seen that they are quite similar, though upon different tissues. The tartar emetic pustules upon the skin are so nearly identical with those of small-pox that no illustration is needed. The aim of this paper is two-fold—first, to show that by pathological indication alone (objective symptoms) we can select a remedy with great certainty; and second, to show, that when we are acquainted with both subjective and objective symptoms, the selection of the remedy is almost certain. It will now be proper to inquire whether the first proposition has been found to be true in the results of clinical experience.

Dr. Sichenstein, of Brunswick, says of the tartar emetic pustules, "the clear lymph of the pustules which arises from the external application of tartar emetic, produced inoculation pustules which are quite indistinguishable from those produced by vaccination. They seem to confer the same protection from cow-pox; they excite fresh pustules by inoculation, and in

* Frank's Magazine. † Ib.

general in other respects would appear to be analogous to cow-pox." The first experiment he made with them was in the summer of 1836, but as he never heard of any similar ones, he was then distrustful of them; up to this time he has made thirty-one vaccinations and revaccinations with lymph of tartar emetic pustules, and has found them in all their relations "analogous to cow-pox lymph."

This was written in 1855; since that time there has been no similar experiment made that we are aware of. The matter is worthy of investigation. Allopathic physicians have unwillingly used this medicine homœopathically in eruptive diseases of the skin. Bethman reports the case of a patient whose body was covered with numerous and large pustules, filled with pus, and whom he treated unsuccessfully with sulphur. He administered minute doses of this remedy and in a short time the skin became clear and the eruption disappeared without leaving cicatrices.

Homœopathic physicians have been very successful in their administration of tartar emetic in eruptions similar to those it causes. Dr. Liedbeck, of Stockholm, states that he has never seen a case of small-pox terminate fatally when treated with tartar emetic in doses smaller than those given by the old school. He stated that all his cases yielded to tartarized antimony in small doses, without leaving a vestige of any after effect. He says that the identity of the tartar emetic pustule with the small-pox pustule, first suggested to him the remedy and its property also, according to Hahnemann, of producing miliary fever, scabs, etc. All the symptoms are vastly mitigated by the use of tartarus stibiatus in doses of a half to one grain dissolved in a pint of water, administered in tablespoonful doses every fourth hour. Often, after the first dose, he has found the tongue clearer, the fever subsiding, and even the difficulty of swallowing much lessened when the remedy had been given in time.

Dr. Berg regards it the one remedy to be relied upon when there is irritation of the respiratory membranes. He states that, in the Stockholm epidemic of 1838 and 1839, this complication seems, without exception, to be the cause of fatal terminations, when such occurred; and while, when the disease was uncomplicated, he left it to itself, if bronchial irritation declared itself, he ordered the repeated use of tartar emetic in small doses.

Dr. Liedbeck says, that after nine years further experience, he would refer to the administration of tartarus stibiatus as a substitute for cow-pox inoculation.

Dr. Stewart, of Natchez, has proved it a remedy of great value in small-pox. He writes: "For the last eight years I have relied almost entirely on the antimonium tartaricum, in the treatment of variola. I have seen some cases in which the eruption had reached the papular and vesicular stage, and when the disease threatened to become confluent, promptly arrested and the eruption subside without passing on to the pustular stage." Dr. Stewart advises the first trituration in solution, not, however, in doses sufficient to cause nausea, as he believes its curative effect is gained without giving it *ad nauseam*.

Dr. Fullgraff has treated successfully many cases of variola with the first trituration, using as an intercurrent an occasional dose of mercurius iodatus. Dr. Freligh commends it highly in pustular eruptions on various

parts of the body, resembling small-pox. He has cured with it several inveterate cases of barber's itch," which had resisted many other apparently appropriate remedies.

Dr. Marcy says: "Our experience with it in variola, lichen, porrigo, eczema and prurigo, has been favorable. In all chronic cutaneous affections, however, we are in the habit of using from the sixth to the twelfth dilution."

Dr. Peters (the apostate) once wrote: "It is the homœopathic remedy *par excellence* against suppurative and purulent affections."

Dr. R. Ludlam recommends it highly in the second and third stages of variola. He uses the second and third triturations, and has seen the pustules "abort" under its use.

Dr. P. H. Hale used the tartar emetic in several bad cases of confluent small pox with excellent results. He has found it of great utility in those eruptions which often follow vaccination, and which sometimes become chronic and obstinate under ordinary treatment; also in urticaria after vaccination, or when occurring in plethoric subjects. He uses the first trituration, one grain in a glass of water, for an adult a teaspoonful every two hours.

I have employed tartar emetic in many of the above eruptive diseases and found its use generally followed by an amelioration if not a cure. I am of the opinion that the virtues of this remedy have not been sufficiently tested. Not only is this medicine indicated by the purely objective symptoms of various eruptions, but it is a fact worthy of notice that the constitutional effects of a retrocession of many eruptions are very similar to the effects of large doses of this drug, namely, constant nausea, bilious vomiting, watery or brownish diarrhœa, cold sweats, prostration, etc.

We now turn from the pathogenetic and curative action of tartar emetic on the skin, to its effects upon the mucous membranes.

Upon consulting the writings of Trousseau and Pidoux, Chomel, Andral, Stille and other allopathic authorities, I find that the internal administration and even the external application of tartar emetic to the skin has produced upon the mucous membrane of the mouth and fauces the following lesions:

Angine et stomatette erythemateum.—Violent irritation of the throat, with difficult swallowing; swelling of the tonsils; bright redness of pharynx; erythematous eruptions on the lips.

Salivation antimoniale.—The tongue, whatever its dryness, becomes rugous and brown, moistening as it becomes covered with flocculent and viscous coating; the teeth leave impressions on the sides of the tongue; ulcers *like* mercurial; throat equally covered with large mucous flakes; *continual spitting;* hoarseness and roughness of voice; on the surface of the tongue, especially at the point, small, round ulcers, with lardy edges, from the size of a lentil to that of a fifty cent piece. These ulcers are very painful, but cicatrize readily. In some the swelling of the tongue and throat is such that the patient is deprived of speech.

Pustular eruptions.—Upon the lips, tongue and palate, like those on the skin; pustules also in the stomach and bowels, lips, tongue, palate and

there is work enough for them, but strong, earnest educated men, *physicians*, not *doctors*, who are willing to devote their energies, and lives if need be, to so noble a profession. The avenues to the medical profession are guarded by bitter allopathic prejudices, and while inferior minds may pass with little question, all the guards of personal influence, posts of honor, professional and social position are zealously thrown around those who would prove an honor to the profession. For this, among other reasons, are homœopathic physicians zealously excluded from the army and navy, from hospital posts and college positions, and would be from the face of the earth was *allopathic power sufficient for this purpose.*

Homœopathy is fast becoming, in fact has already become, an irresistable force in this country, which only requires to be properly directed to give immediate and overwhelming results. May we not do much individually for our cause by earnestly and carefully directing to it the attention of energetic, efficient, educated medical students, and collectively by forming societies, founding and liberally sustaining dispensaries, hospitals and colleges, which will be an honor and aid to our cause through the length and breadth of the land.

The Massachusetts Homœopathic Medical Society sends its greetings to the New York State Homœopathic Medical Society, and will cordially join hands with it in any undertaking for the advancement of the noble science of homœopathy.

ARTICLE VII.

Report of the Committee on Epidemics for the Fifth Judicial District, appointed May 10, 1864. Epidemic Diphtheria and Rubeola in Onondaga county. By A. R. MORGAN, M. D., of Syracuse.

The fifth district has been remarkably exempt from any serious epidemic during the past year.

Pertussis and diphtheria have occurred sporadically and at one time we had quite a flurry of rubeola.

Of pertussis nothing new was observed either in character or treatment.

Diphtheria seemed unusually tractable, which inspired increased confidence in our ability to combat it.

In a paper read before the Onondaga County Homœopathic Medical Society at the semi-annual meeting in October last, by Dr. W. Henry Hoyt, a saturated solution of the chloride of sodium was reported to have accomplished great good in this disease.

Dr. Hoyt employed aconite and bryonia, medium attenuations, "together with a saturated solution of natrum muriaticum as a gargle," and says: "this in our hands has never failed in a single instance, and we believe that if used in the earlier stages of the disease, a fatal case would be a rarity, no matter how severe the invasion."

This is perhaps assuming too much, but it at least is worthy of serious consideration.

Dr. Horatio Robinson, jr. of Auburn, a close observer and a gentleman of large experience, read before the Cayuga County Homœopathic Medical Society a carefully prepared paper, strongly recommending the use of kali hydriodicum in diphtheria.

Dr. R. states that he has been successful in every instance where the above remedy was early employed. He prescribes the first decimal internally, repetition according to severity of symptoms, from half hour intervals to longer periods. He relates a number of highly interesting cases, where other methods of treatment, by high and low attenuations, were being pursued with unfavorable indications, and where the disease was promptly arrested and conducted to a speedy convalescence by his favorite remedy.

A more complete pathogenesis of kali hydriodicum will doubtless give us a legitimate basis upon which to found our confidence.

Other physicians of extensive practice speak in enthusiastic terms of successes following the use of sulphuric acid and iodine, first decimal, each in alternation. An examination of the provings will exhibit the specific indications for these two drugs. They bear a striking resemblance to the symptoms of diphtheria as it prevails in some localities.

In the experience of your committee, the chlorate of potassa has done well.

Our ordinary method is to use according to their several indications one of the following remedies: aconite, belladonna, bryonia, cantharides, kali

bichromicum, lachesis, the mercurial preparations, muriatic acid, nitric acid or rhus toxicodendron, and when the characteristic deposit takes place resort to the kali chloricum, a weak solution, as a gargle. This gargle has usually been employed in alternation with some one of the above named remedies.

With this mode of treatment the disease with us, during the past year, has been happily controlled.

Numerous reports from all quarters, favorable to the use of the various combinations of chlorine, viz., chlorate of potassa, chloride of sodium, chlorohydric acid, chloroform, and point significantly to that agent as of the first importance in the treatment of diphtheria, and much may be expected from farther and more critical investigation in this direction.

The habit of extolling certain remedies as specifics, without at the same time pointing out clearly the relation which they bear to the sick man, is exceedingly unsatisfactory and pernicious, and adds nothing substantial to genuine homœopathy.

It is plain that the employment of natrum muriaticum, kali hydriodicum and kali chloricum, in the manner above described, is altogether too loose and empirical to satisfy the nice requirements of our science.

Of the natrum muriaticum we have a very full pathogenesis, and in studying it we find a very fair type of the early stage of a majority of the cases of this formidable disease as developed in this county during the past year.

The meager proving we possess of kali hydriodicum and kali chloricum, point with unmistakable emphasis to their importance.

The kali chloricum has already become the "sheet anchor" of the old school, and a more thorough knowledge of it will render it indispensable to us—its efficacy being due solely to its homœopathic relation.

In our first experience (upon the advent of this disease) we confined ourselves principally to the low attenuations, from 1st to 3d decimal of aconite, belladonna, bryonia, kali bichromicum, mercurius prot. iodid. and mercurius biniodide, and lost a fearful percentage of cases, although results compared more than favorably with those of the old school. During the next season better results followed the use of attenuations ranging from the 3d to 30th centissimal; from this we proceeded to employ occasionally the 200th, but one fact was too frequently observed, instances of remarkable severity marched steadily along to a fatal termination, without the least apparent check or hindrance.

During the past year the attenuations employed in diphtheria have been almost exclusively from 3d to 30th centissimal, with a solution of kali chloricum, 10 grains to a pint of water. This led to a favorable termination in every case but one, which was treated principally with the 200th potency, and without the use of the chlorinated gargle and proved fatal.

The attack in this "one more unfortunate" case seemed no more severe in the onset than the others which recovered; and I confess to some degree of sensitiveness, when I reflect upon the fact, that it alone proved an exception.

Diphtheria prevails during some seasons and in some localities in a much

more malignant form than in others; and may not this fact alone be sufficient to account to a large extent for many glowing reports of succesful results by modes of treatment, which have utterly failed in other localities?

In the treatment of the sequelæ of diphtheria, the high attenuations in the hands of your committee have been more salutary than the low.

During a light epidemic of rubeola, in the winter and spring of 1864, a number of cases of extraordinary character occurred, exhibiting a simultaneous development of both rubeola and scarlatina miliaris.

The stage of invasion was strongly marked by the usual symptoms of measles, accompanied by sore throat, high fever, and in two cases, which came under our observation, by nausea and vomiting, which disappeared upon the breaking out of the eruption.

The eruption appeared at the usual time (third or fourth day), first upon the face, then successively upon the breast, abdomen and extremities, and was decidedly anomalistic in type.

The surface of the body was moist and covered with an elevated rough dark-red papular eruption, redness persistent under the touch, while here and there, dispersed over the face, neck and breast, were the peculiar crescentic wheals of rubeola.

Tonsilitis, with ulceration, accompanied all these cases; the tongue was in most of them covered with an apthous deposit, which, as the malady progressed towards a favorable termination, became clear, smooth and red.

In one case the papules were so large and firm to the feel, as to strikingly suggest variola in the first stage of eruption.

Some of the cases presented the usual catarrhal symptoms of rubeola without the characteristic eruption, it being entirely supplanted by the purpura miliaris; others presented an ulcerated sore throat with the arcs and wheals of rubeola, while the peculiar eruption of scarlatina miliaris was wanting.

We heard of no fatal cases.

The remedies employed by your committee were aconite, belladonna, mercurius solubilis and pulsatilla, all of the thirtieth solution.

ARTICLE VIII.

Report of the Committee on Epidemics for the Seventh Judicial District, appointed May 10, 1864. Epidemic Dysentery in Monroe and adjoining counties. By EDWIN R. HEATH, M. D., of Palmyra.

Your committee beg leave to submit the following report as the result of their labors:

Dysentery alone can rightly be said to have prevailed since May last, in the form of an epidemic. Cerebro-spinal meningitis, scarlatina, rubeola, variola, scabies, influenza and diphtheria, have existed endemically.

Dysentery first made its appearance in Seneca county, complicated with scarlatina and rubeola; and as it increased, it spread westward following the direction and limiting itself to the region of the old road. When it reached Rochester, Monroe county, it assumed a peculiarly malignant type and then returned on the same track, bearing with it this new character. From Monroe, Livingston, Steuben, Ontario, Seneca and Cayuga counties, we hear of families mourning the loss of one or two members, and some even entirely gone. Wayne county escaped as by a miracle. A few cases of dysentery occurred but the peculiar malignant character was wanting.

Most of these cases answered favorably to the usual remedies. In the southwestern portion of the county, a singular characteristic was observed. After the lapse of about twenty-four hours, the dysenteric discharges were suppressed and vesicular erysipelas of the face supervened, which would not yield to the usual remedies. In most cases one dose of sulphur, followed by the proper remedy for dysentery, generally an acid, would again start the bowels, relieve the erysipelas, and finally complete the cure.

But few cases were reported along the new road from Rochester to Syracuse, and all but one or two of these were attacked in some other place. Your committee had not the pleasure of seeing any of these cases, and are indebted for the following to Dr. D. A. Baldwin of Rochester. Few cases proved fatal under homœopathic treatment, while under old school practice whole families were swept into the grave within a few days, and sometimes hours, of one another. At first the usual mercurial remedies were given when they seemed indicated, but proved to be utterly useless. They were not only useless, but positively injurious. After the acute stage had passed, the discharge became mucous, and the disease was then more difficult to treat as it presented more of the appearance of chronic than acute cases. The large intestines were usually the seat of the disease, but when the small intestines were involved, the case became hopeless. The most effectual remedy, whenever the passages were bloody, was arsenicum. Leptandrum and podophyllum came next in value. The best results were obtained after the use of nitric and phosphoric acids. Rheum and colchicum in cases where an intermittent miasm existed. Capsicum was indicated in a few cases.

In general he met with but poor success, until he treated the disease as

typhoid dysentery. Remedies usually given in typhoid fevers were most relied on. A slow, indolent constitution was noticed in most cases. Usually, when a disease is epidemic, it has a special character in all cases, but here much more variety was observed; some being typhoid dysentery simply; others presenting so much the appearance of cholera morbus, or even cholera itself, as sometimes to be mistaken for those diseases.

While the allopathic physicians were at their wit's end, losing patients by the score, and acknowledged themselves baffled by the disease, homœopathy was able to show a very large space of blanks in the mortality reports. During this epidemic, a strong contrast was shown between treating disease as a name and each case as a disease, *per se*.

Prior to the outbreak of this terrible epidemic, a number of diseases seemed to be trying to assume the epidemic form. First, cerebro-spinal meningitis prevailed endemically in and around Walcott, Wayne county. Cayuga reports two cases, and Monroe county one case. Next, scarlatina and rubeola appeared in Seneca Falls, but did not spread further. Afterwards a long season of damp weather succeeding the drouth of summer, induced an endemic form of influensa threatening to become epidemic pneumonia, but it ceased with the improvement in the weather.

Diphtheria commenced in Steuben county and passed through the district, stopping here and there, attacking a whole family, sometimes in one place and then in another. Conway, Rochester, Seneca Falls and East Palmyra report the most cases. Fevers and diseases of all kinds assumed a typhoid type. Wherever typhoid fever prevailed most, dysentery assumed its most malignant character. Where intermittent fever was found, dysentery was less severe; the discharges contained less blood and more mucus, and the disease was generally complicated with rheumatic pains especially in the joints. Colchicum was one of the best remedies in this condition. When scarlatina and rubeola were complicated with dysentry, the latter took on its most malignant form second only to the typhoid cases.

This comprises a condensed account of prevailing and epidemic diseases in the seventh judicial district, from May to the present time. Your committee had anticipated a full report of the cases of cerebro-spinal meningitis in Wayne county, to be combined with this now presented but have as yet failed to receive it. Upon returning home from the May meeting of the State Society, we opened correspondence with physicians in all the counties of our district, requesting to be informed of any diseases existing in the form of epidemics, but we obtained no answers to our numerous letters. After writing several times to Rochester your committee visited the place and thus obtained a short verbal account of the epidemic of dysentery, which is now presented to the Society as the best that could be procured under the circumstances; and may be considered as evidence of a willingness on my part to co-operate with it in every effort to advance the good cause of homœopathy.

ARTICLE IX.

Report of the Committee on Epidemics, in the Eighth District. Dysentery in the county of Niagara. By D. F. Bishop, M. D., of Lockport.

The months of August, September, and part of October, 1864, were distinguished in this region by the prevalence of an epidemic form of dysentery which made its appearace first within the corporation limits of Lockport, but finally extended throughout the county of Niagara. The cases presented a remarkable uniformity of symptoms and were all embraced in two general classes.

The first and simpler variety commenced with slight rigors, followed by heat, pain in the back and sacrum, and by evacuations of bloody mucus at intervals of from ten minutes to an hour, attended with great tenesmus. Aconite and mercurius sol. partially relieved these symptoms usually in the course of twenty-four hours, rendering the patient more comfortable, and lengthening the intervals between the evacutions to two hours. The fever diminished in intensity, and the only pain was produced by the tenesmus. The disease was evidently confined to the rectum. The only remarkable characteristic in the subsequent history of these cases, was the vast amount of "scrapings" and muco-purulent matter discharged. The disease yielded readily to the use of aconite, mercurius sol., mercurius cor. and nux vomica in five to ten days. Injections of slippery elm water and mutton suet were sometimes very beneficial. During the convalescence patients were generally troubled with diarrhœa, which required arsenicum for a few days.

Another and much more serious class of cases had from the commencement a strong hemorrhagic tendency; discharges of a pint or more of grumous blood, at intervals of six or eight hours, followed by great prostration and collapse equal to that seen in cholera. These symptoms were controlled mainly by aconite, ipecacuanha and arsenicum. Brandy and other stimulants were sometimes added. After the subsidence of these alarming symptoms, the patient becoming more natural and quiet, the discharges became more frequent and painful, changing to small quantities of bilious matter, very variable in appearance. The patient gradually became more feverish, with a marked typhoid tendency, great thirst, dry tongue and surface, delirium, tympanites, sensitiveness of the abdomen to touch, flatulent colic, retching and sometimes vomiting of the ingesta, the inflammatory action now involving the small intestines. The leading remedies employed were belladonna, mercurius prot., podophyllum pelt. and cuprum nit., according to indications. The duration of the disease was from two to four weeks: I used these medicines in the third decimal trituration, and gave them dry upon the tongue, which I found much better than to dissolve them in water.

Of two hundred and twenty or thirty cases treated, only one proved fatal. One of my worthy old school colleagues gave me credit for having

"good luck," which he afterwards explained as "good luck in the selection of cases," "right sharp practice," in his opinion. Perhaps no better opportunity for testing the comparative merits of the two rival systems of medical treatment, was ever presented than in this epidemic, where so many cases of such uniform character occurred in one locality. The mortality under allopathic treatment is modestly estimated at fifteen or twenty per cent, while under homœopathic treatment it was less than one per cent. The number of cases treated homœopathically was, to the entire number, in the proportion of two or three to five.

Inspired with new zeal in the great work of alleviating human suffering, I am induced to offer this report, hoping it may help to strengthen the hearts and hands of veterans in the cause; to reproach the vilifier who cries mountebank, humbug, and to convince those who seek honestly after the truth of the beneficent effects of our system of medical treatment, when compared with allopathic practice. The law of cure expressed in "*similia similibus curantur*," is the *rationale* of medicine, not that all wisdom is found among homœopathic physicians. The learned votaries of allopathy are diligent in the study of anatomy, assiduous in developing new theories in physiology, and in all the collateral branches of medicine, but in the department of therapeutics they still blindly adhere to the same erroneous theories which were promulgated centuries ago, and which long since have been set aside by the light of scientific truth.

ARTICLE X.

Report on Materia Medica. Proving of Rhus Vernix. By LYMAN CLARY, M. D., of Syracuse.

As by a rule of the Society, it is made the duty of every member to make some communication at each regular meeting, I shall comply by giving a proving of the rhus vernix or poison sumach. This is a beautiful shrub growing in low swampy places to the height of from ten to thirty feet, and is indigenous to the northern and middle States. Rhus vernix produces much more powerful and poisonous effects than rhus toxicodendron or rhus radicans.

Though we have but few provings, I am satisfied, when they are more extended, we shall perhaps find it more valuable as a remedial agent than the other varieties. My experience in its proving was involuntary, precluding me from claiming martyrdom in the cause of medical science. It was brought about in the following manner:

On the 22d of November, 1863, a stick of rhus vernix, as large as my wrist and two feet long, was brought into my office by my friend Dr. Hawley, that I might make a tincture, he having taken the bark from one half, for the same purpose.

I held it by the part which retained its cuticle, handing it back, saying I was very susceptible to rhus tox. Dr. H. shaved off a small spot of cuticle, from which exuded a globule of juice as large as a pinhead, which I touched with the tip of my tongue, remembering the teaching of the books, that it would protect against the poisonous effects induced by contact with the skin. These teachings, like many others from the same source, proved false, as I found to my sorrow. The stick was put away, and the ocurrence passed from my mind.

On the 30th of November, eight days after the experiment, while at dinner, my tongue felt as if scalded, and during the afternoon this feeling extended to the entire mouth and fauces, producing great dryness in the mouth, and stinging pains, which increased rapidly till I retired at night. At two o'clock next morning severe pains in the stomach and bowels came on, but being in a half-waking and half-sleeping state, I remained in bed about two hours, when I was suddenly forced from my bed, and had a large watery stool, passed with with great force and attended with violent colicky pains. During the next two hours had three more profuse stools of the same character, and from that time the pain and stools ceased. In the morning I rose, feeling weak and as though I had taken a drastic cathartic—appetite gone and chills over the whole body.

During the day, December 1st, I often scratched my neck under my shirt collar, and on getting warm in bed I felt stinging and itching about my chest and back, as though some insect was biting me.

On the morning of the second, inspecting my face, I found the forehead swollen and red; during the day this extended to the whole head and

face. The upper lip was terribly swelled and the itching greatly increased, especially in the septum narium; had burning pains and swelling in the eye. During this day hæmorrhoids came on, and four small tumors appeared, which remained out for several weeks, with extreme itching and burning. I had had nothing of the kind for more than two years. No movement of the bowels this day, but the itching extended to the whole body, though no eruption appeared. At night the itching was so great that I could hardly endure it, but up to this time, and until the next morning, the third of December, I had no suspicion of the cause. I had entirely forgotten the rhus. I passed a sleepless night, and in the morning discovered the vesicular eruption characteristic of rhus, showing itself on the forehead. Then for the first time occurred the idea that I had been poisoned. It may be thought that I was very stupid not to have sooner recognized the cause, and I must acknowledge it now appears so to me.

During this day, fourth of December, the eruption spread over the body and extremities, with a desire to scratch that was irresistable.

The scrotum, prepuce and glans penis became covered with vesicles; transient, shooting pains in the sternum and chest, added to those of the preceding days, which continued in an aggravated form. Now lameness and soreness of the muscles came on, and I could hardly walk. The hæmorrhoids continued—nausea and loathing of food, with entire loss of taste and smell. The pharynx and œsophagus became so irritable that it was painful and difficult to swallow; food, in passing, caused pain, and seemed to stop midway to the stomach; even cold water produced the same feeling that very hot tea would, and the same aching pain that is often felt after drinking very cold ice water, though the thirst was great.

December 5th.—Dryness and pain in the larynx came on, with a hoarseness and a harsh, dry cough, attended by stricture in the chest, and for more than two weeks there was pain over the sternum. I may also say that for the same time the itching, cough, lamenesss and hæmorrhoids all continued, and I was tormented night and day.

Now, gentlemen, if anything can be made out of this medley of symptoms, which shall add to the pathogenesis of the rhus vernix, I shall rejoice, though sure am I that I shall not soon be induced to try the same experiment. I think I was not free from perceptible effects of this poisonous drug for six or eight weeks. Is it not remarkable that eight days should have intervened after the application of the virus to the delicate mucous membrane of the tongue before the least symptoms of its violent effects should have made itself manifest, and then that the tongue to which it was applied should have been the organ first to suffer? Where was this subtle poison all this time, which we will call the latent period? Was it coursing through the vascular system to the extreme capillaries, ready to bite and sting when that unruly organ, the tongue, should fire up and direct it?

I leave this for wiser heads than mine to solve, and would direct the question to our allopathic friends who have ascertained that touching the tongue to poison will prevent injurious effects upon the system.

ARTICLE XI.

Report on Materia Medica. Proving of Aphis Mellifica. By A. R. Morgan, M. D., of Syracuse.

Two instances of poisoning by stings of the honey bee have recently come to my knowledge, which present some symptoms worthy of record.

Alexander S. Baker, farmer, aged 25 years, of light complexion, brown hair and blue eyes, robust constitution. Had always been accustomed to work among bees; had been stung repeatedly; never with any serious effect, except slight swelling, which disappeared after a few hours.

In August, 1858, was stung upon the tip of the nose. It instantly struck through his whole frame like an electric schock, thrilling both ends of his fingers and toes. He immediately started for the house, distant about three rods, which he reached with difficulty, being scarcely able to walk—staggering; mind bewildered; head felt big, confused. Upon reaching his home the heart palpitated violently, so as to be sensible to himself and audible to those in the room—faintness, "death-like" prostration, which continued half an hour, accompanied with intense anxiety and "distress" at the stomach, oppression of the chest, dyspnœa, short rapid breathing, pulse accelerated; nausea, followed by yellow and bitter vomiting at forty-five minutes after the accident. At this time had a chill, with shivering, accompanied by a terrible racking pain all through the head, with increased prostration: no pulse at the wrist; blood settled under toe and finger-nails; ears purple; jacitation of the muscles; complete loss of consciousness, followed, after half an hour, by flushes of heat, mixed with chills. *Skin extremely sensitive to contact;* painful to the slightest touch; could not bear the sheet upon him; red and white blotches over the body and extremities, like nettle rash. After the lapse of about three hours he recovered his consciousness, and the headache gradually disappeared, leaving him much prostrated, unable to concentrate his mind, confusion when attempting to read or study, lasting some weeks, attended by frequent attacks of vertigo and blindness.

In September, 1859, the same man was again stung in the same region, producing the following symptoms: Sudden prostration, with coldness; pulseless at wrist for twenty minues; rapid feeble beats of the heart; dyspnœa: it seemed impossible to breath; "had to fan him to keep him alive," said his father. This was succeeded by hot flashes, nausea, vomiting and copious watery diarrhœa, twitching of the muscles, rash, red blotchess, with great sensitiveness of the skin to contact. This sensitiveness of the skin extended all over the body. Bursting, expansive pain in the head, attended by vertigo and confusion of the mind; was unable to think clearly or express himself. Drank about half a pint of diluted alcohol, as an antidote, without experiencing any intoxicating effect. The critical symptoms disappeared after three or four hours, leaving him much prostrated, from which he was a long time in recovering. Has not been able to endure hard labor since; is affected, upon exerting himself, with headache, expansive pains all over head, vertigo and palpitation.

ARTICLE XII.

Scabies.* By A. R. Morgan, M. D., of Syracuse.

Most modern authors attribute this disease solely to the ravages of an insect called the *Acarus scabii*, while other observers, equally sagacious and profound, in many instances have utterly failed in detecting the parasite, after the most critical inspection, and regard its presence rather as a morbid product than a cause.

On the part of the former it is remarkable that (with the single exception of Dr. Adams' testimony, which we will consider farther on) they have so signally failed, after cautiously transplanting the insect, in producing any results except the development of a few transient vesicles accompanied by cuniculi, all traces of which spontaneously disappeared at the end of a few days.

Erasmus Wilson, in his valuable work on Diseases of the Skin, page 246, relates five experiments reported by Albin Gras, a pupil at Saint Lewis Hospital, where the acari were placed in favorable positions upon the skin, and carefully protected there. In none of these experiments did they succeed in establishing but slight local irritation; in every instance but one, where the acari were artificially destroyed upon the seventeenth day, all evidence of both insect and disease disappearing in a few days, in spite of careful nursing.

All the direct evidence which has ever been produced by any author that we have seen, to prove that general or universal scabies has followed transplanting the acarus, is from the work of Dr. Adams on "Morbid Poisons," published in England in 1807, and the testimony in that case is decidedly doubtful, as may be seen by reviewing it. His observations upon the subject were made at the Island of Madeira, where he encountered a parasitical disease called by the natives *ouçoes*.

After describing minutely the severe constitutional symptoms which accompany this disease, he goes on to give several positive reasons why it cannot be mistaken for common itch or scabies, and says: "The natives of this country are much offended if suspected of having the itch (sarna), but think little of *ouçoes*." "The nurses and mothers who are sufficiently at leisure to attend to cleanliness, search the skins of their children for *ouçoes*, as regularly as the hair for lice, and by extracting them early prevent the spreading of the disease."

He also relates the following case: "My friend Mr. Banger was so well acquainted with it, that during his voyage to Lisbon he was sensible, by his feelings, that he had *an ouçao* somewhere under his skin, and when he had leisure after his landing to search, he readily extracted *it* and cured himself." You will observe that Dr. A. uses the word *ouçao* in the singular number; also bear in mind that Mr. Banger must have been several days

* From the manuscript of an unpublished work on Skin Diseases, by Dr. Morgan.

in making the sea voyage, and he cured himself by extracting a single *ouçao*. Would this be likely to be the case if the insect was a genuine acarus?

Dr. Adams, in describing the experiment upon himself, which has been so generally referred to by authors to prove the inoculability (if I may be permitted to coin a word) of scabies by transferring the insect, made early in June, 1800, says: "For more than three weeks after the *ouçoes* were planted between my fingers, little or no inconvenience was felt; from that time began frequent itchings in different parts of the body and arms, but no eruption could be discovered. In less than a fortnight afterwards (five weeks from commencement of experiment) my arms and belly were covered with a general efflorescence, but few vesicles appeared. At this time two *ouçoes* were extracted from my arm, but not from the vesicles." In August he states that his whole body, arms and thighs, were covered with an efflorescence; at the same time "but few vesicles appeared." In genuine scabies this efflorescence is not a legitimate concomitant, while the characteristic vesicles are about the only positive indication of the disease.

Compare this with the experiments of Albin Gras upon himself and others, and we find a vast difference in the phenomena presented. With the latter, severe puritis and the development of numerous vesicles appeared within a few hours after the transfer.

Dr. Adams describes his constitutional symptoms thus: "In the meanwhile my health suffered exceedingly, not only from the inconvenience produced by the itching, but about noon a quotidian fever began, with slight shivering, and was succeeded by a headache, dry heat, thirst, loss of appetite, and considerable exacerbation of the itching," for which he tells us he was obliged to resort to "bark." In another place he says: "The appearance of this eruption is constantly attended with symptoms of fever."

He describes the insects as being of considerable size, easily detected and extracted, their removal entirely arresting the disease. This is unlike scabies, the eruption of which often continues long after the acari are destroyed. He also speaks of seeing them "crawling on his nail," and distinctly remarks this peculiarity: "There is a power of leaping with a force not less than a flea—such was the case with one while I was examining it under a convex lens. Whilst we were expressing our surprise, the old woman, our tutoress, appeared unconcerned, and assured us the event we had witnessed was by no means uncommon." And as if to corroborate his own observations upon this point he continues: "I have collected the same account from several other people."

Singular as it may appear after the above relation, we have, accompanying Dr. Adams work, what purport to be two drawings of the ouçoes, which in fact are two very excellent illustrations of the acarus scabei—these illustrations showing the insect to be deficient in the anatomical organization necessary to such an effort as jumping.

Dr. Wilson very summarily, and evidently to his own entire satisfaction, disposes of Dr. Adams' statement in reference to the saltatory power of the insect by the simple sweeping assertion "in this he is entirely mistaken."

Whence does this confusion arise? Is the carefully detailed history of

the disease, and the minute description of the insect, given by Dr. Adams, to be cast aside as entirely erroneous, or have these drawings of the acarus, by some strange *hocus pocus*, managed to creep into a false position? He gives his positive and distinct testimony to the fact of the existence of both scabies or itch and ouçoes at Madeira as separate maladies.

Dr. E. Wilson, Dr. Rutherford Russell and other writers quote him as their authority to prove that scabies is produced by transplanting the acarus. Dr. Adams says no. Now, to whom are we to give credence, the acute observer upon the spot or those magnanimous gentlemen who, thousands of miles away, take the liberty of manipulating questionable evidence to prove a favorite theory? We are profoundly impressed with the necessity of dealing in unmistakable facts, especially in such investigations, and cannot avoid feeling as though the testimony of Dr. Adams is involved in too much uncertainty to be regarded as conclusive, If the champions of the acarus doctrine were able, with any kind of uniformity, to produce scabies by transplanting, they would unquestionably do so, and substantiate, beyond cavil, their position.

Attempts have also been made to convey scabies by inoculation of the fluid from the itch vesicle (see Dr. Freytag on Scabies, *North American Journal of Homœopathy*, Vol. X, p. 197, and Dudgeon's Lectures, p. 274); this plan has also utterly failed. Then how is this disease communicated? Everybody can testify to its exceedingly contagious character.

If it can neither be conveyed by transplanting the acarus nor by inoculation of the fluid from the vesicle, we have no other alternative to fall back upon, than the hypothesis of an itch miasm on the one hand and the existence of a peculiar morbid susceptibility upon the other. Where this susceptibility does exist, I see no good reason why the disease might not be conveyed during the process of transplanting, not owing to the procreating power of the insect, but to the concurrence of these two conditions, viz: miasm and susceptibility.

This brings us to the consideration of the much misunderstood and oftentimes vilely derided psoric theory of Hahnemann. From his first recognition of the great law, *similia similibus curantur*, up to the fuller developments of its universal application to the cure of disease, he was exceedingly puzzled to account for the obstinacy of chronic diseases, and he devoted, with unflagging energy, all the powers of his remarkable mind to its investigation.

He observed that many non-venereal chronic patients had suffered from a previously existing cutaneous disease, and that they dated their sufferings from the original appearance of that eruption. He and others had noticed the fact that many serious maladies succeeded the sudden and violent suppression of those eruptions, and also that severe internal complaints were often speedily relieved by the development of an eruption upon the skin, and at lengh came to regard those cutaneous manifestations as the "mildest form" of that "internal enemy" which he designated by the general term *psora*, and says "it may exist either with or without an eruption upon the skin" (see his Chron. Diseases, p. 21).

The word *psora*, which he selected to represent the almost universally prevalent morbid base of chronic diseases, is from the original Hebrew—

tsorat—signifying venom or malignity; this term the Greeks, in their translations from Hebrew writings, rendered into *psora*, the original meaning of which, during the lapse of time, degenerated first into cutaneous diseases generally, then into itch. This error, creeping down through translators who did not clearly interpret or comprehend the true idea which Hahnemann intended to convey, has unjustly become a libel and reproach upon the accuracy and intelligence of the founder of homœopathy.

It makes but little difference what name we bestow upon this something—this morbid tendency—whether the devil, king's evil, scrofula or psora; it is a terrible and inevitable penal compensation for violated law; it is no respecter of organ or tissue; it attacks all, creating and complicating cutaneous diseases, depositing tubercle, forming tumors, bursting out in abscess and ulcer, producing caries and necrosis, gangrene and death, modifying every known form of disease, developing new features, and transmitting its baneful influence to the child unborn.

His grand argument—that chronic diseases arise, and derive their obstinacy from some inherent abnormal taint or tendency, and that this may exist in a latent form, constituting a state of peculiar susceptibility or *receptivity*, as Hempel styles it—is eminently rational and sound; but that suppressed scabies is the cause of this condition, as some physicians have falsely or ignorantly urged, is an idea too palpably absurd to have emanated from the clear and logical brain of our illustrious author.

In 1792, some thirty-six years previous to the publication of his famous psoric theory, in an article printed in a German medical journal (see *British Journal of Homœopathy*, Vol. XXI, p. 670), Hahnemann accurately describes the "itchmite," thereby setting at rest the fact of his knowledge of that insect.

In his citation of cases where repelled eruptions were succeeded by serious results (see his work on Chronic Diseases), he enumerates, besides the general term *itch*, "pustules or herpes," "tinea," "tinea capitis," "moist tinea," "herpes," "moist herpes," "itch upon the face and pudenda" (localities which true scabies never invades), "porrigo," etc., etc. Now, is it not reasonable to suppose that if he had intended to convey simply the idea that scabies, *sui generis*, was the terrible hydra which he had discovered, he would have employed either the Latin term Scabies, the German Kratze, or the French Gale, all of which were perfectly familiar to him. Instead of using either of these terms, he employs the word *psora*, evidently with its ancient Hebrew signification of venom or malignity.

Itch vesicles ordinarily make their first appearance between the fingers and in the palms of the hands, and are accompanied by a violent stinging and itching, which is increased at night. Dr. Freytag says: "At night the parasites are in full activity; they seek each other for impregnation, and cause insufferable torture to the poor patient." *Mirabile dictu!*

This seems very much like the work of a fertile imagination, when we remember that the anatomical construction of the acarus renders it exceedingly doubtful whether it is capable of performing locomotion in any direction except *en avant*, that it is almost universally solitary, and snugly ensconced at the termination of a minute burrow, and that the itching so characteristic of the disease frequently extends all over the body, and in

localities far more remote from any signs of the acarus; also from the fact that the itching is frequently fugitive, abating under the finger nails in one spot and instantaneously springing up in another, leading the nimble fingers rapidly from clavicle to last terminal phalanx. We would rather attribute the evening exacerbation to the changes of temperature to which the little pest is subjected during the process of undressing and exposure of the skin to the air, as well as getting warm again in bed. This stimulates the acarus to unusual activity.

The vesicles are prominent, and where the skin is thin, as between the fingers and upon the inside of arms and thighs, are cone-like in shape, quite firm to the touch, and filled with a transparent fluid which often becomes milky or puriform.

As the disease progresses, the skin becomes rough and scaly, with numerous scattered vesicles, and is often complicated with other vesicular, pustulous or papulous diseases; indeed it is not unusual, after the characteristic appearances of scabies have disappeared, to find other forms of cutaneous malidies established in their stead.

Frank, Biett, Cazenave, Grisolle and others admit but one species of scabies, with its specific vesicles; they regard the appearances of papules, pustules or other vesicles, as *accidents* complicating the original malady.

To the suppression of these eruptions are attributable most of the evil results heretofore charged upon scabies. The acarus is never found in the vesicle, neither does it bear any numerical relation to the number of vesicles. The insect is sometimes found upon the hands, and no where else, while the patient is suffering from itching vesicles distributed over the body.

Wilson describes the location of the acarus at a small dark point at the end of a whitish line, called the cuniculus, about a quarter of an inch in length, and leading from one of the early vesicles; this point is usually somewhat elevated above the skin, and, upon inserting a needle therein, the parasites may be withdrawn clinging to the instrument.

Nearly all writers unite in the opinion that scabies will not cease spontaneously, although its violence may be partially suspended during severe attacks of other diseases; the acarus, under such circumstances, seems to become torpid.

Differential Diagnosis.

Scabies has isolated accuminated vesicles occurring upon parts where the skin is thinnest. Lichen and prurigo are papular, and occur upon the outside of the limbs, back and shoulders, where the skin is thickest. Eczema and herpes present their vesicles in clusters, more or less flattened or globular in shape, and upon an inflamed base. In scabies pustulosa, the fluid in the vesicle turns into sero-purulent matter; it is not pustulous at the beginning.

Treatment.

Much discredit has attached itself to homœopathy for its apparent inefficiency to the treatment of the itch; this has resulted from fastidiously adhering to an exclusively internal treatment. There are individuals suffering from mental anchylosis so complete that they deem it rank treason to homœopathy, to employ any curative means which do not come under

the immediate scope of the law, *similia similibus curantur*. This is a great error. *Similia similibus* is a universal law, but not an *exclusive* means of cure. We cite merely one instance as a brief illustration of this truth:

Suppose a case of poisoning by arsenic; the sesqui-oxide of iron will antidote the poison, and save the patient's life; yet the provings of iron will not produce a pathogenesis similar to arsenic. The condition remaining after the poison is antidoted, is a legitimate subject for homœopathic treatment.

In reference to the treatment of scabies, using the language of a highly distinguished colleague (from private correspondence), "I do not hold myself bound by Hahnemann's general doctrines about psora, to abstain from directly killing vermin of any and every kind. I order lice to be combed out of the hair, and then crushed *secundem artem*, and I order acari to be smeared to death.

"Inasmuch as I am well persuaded that there is something (a taint or what you please) which causes the hair of some persons, and the skins of others to be a specially favorable *nidus* for the development of the ova of lice and of the acari, respectively, whereas in other persons they find an uncongenial soil, I regard this taint as the legitimate subject for an internal treatment, and give, accordingly, in the case of lice, psorine, and in the case of itch, whatever anti-psoric may be indicated.

"For a case of itch, as soon as I discover the presence of acari, I order inunction for three days with lard, which *Hebra* has found quite as efficacious as any medicated (sulphur or mercurial) ointment, after the third day a warm bath; for ten days or two weeks repeat this process, at the same time prescribe according to the indications.

"*I do not know that itch is cured by any other means.* I saw *Wurmb* try, with internal medication, to cure a case of true itch, for four months, with no relief at all to the local affection; one course of inunction with lard cured the patient in the space of seven days."

Dr. Freytag (see *North Am. Journal of Homœopathy*, Vol. X, p. 193), in an able paper on "Scabies, its nature and treatment," read before the Homœopathic Society of Leipsic, relates his experience in the following language: "I commenced by a purely internal treatment, I had occasion to use all the more important remedies recommended in our literature, and believe that I was careful to choose each remedy according to indications. Sulphur I used for months at a time, commencing with the lower dilutions, omitting them for a time; went over to the higher and the highest, and again discontinued them; but *in no single case was a cure effected.* All other internal remedies were used with the same result. It was always necessary to fall back upon some external application, though it might be only sapo nigra or tinctura sulphuris," which promptly relieved his patients; but "for the sake of experiment I am still retaining exclusive internal treatment in two patients, one having been sick ten months and the other eight."

In Jahr's "Clinical Guide or Pocket Repertory," under the head of itch we find the following: "This acarous itch admits of a more external treatment with the sulphur ointment, without exposing the patient to the danger of contracting secondary diseases. Of course I do not wish to be under-

stood as if I would sanction the treatment by external applications, of the various itch-like eruptions where the acarus is not present. These are the eruptions to which Hahnemann's psora doctrine should be applied, and the suppression of which, by washes and salves, will induce the various secondary eruptions enumerated by Hahnemann and Autemeith.

It would be useless to multiply the testimony upon this subject; even the faithful Hartmann was obliged to resort to the use of nearly crude sulphur internally, and the external use of tinctura sulphuris before he could cure the itch (see his Chronic Diseases, pp. 16, 17, 18).

We have heard intelligent physicians declare that they could and did cure scabies with sulphur 30th and upward. With all due respect for the integrity of their opinions, we are compelled, through much vexatious experience, to doubt the correctness of their conclusions. They may have erred in diagnosis; they may have been deceived by their patients, who clandestinely resorted to other means, and secretly laughed in their sleeves at the mistaken exultation of the physician, or they may have been called upon to treat the secondary eruption, which sometimes appears after the parasites have been destroyed; this form easily yields to treatment.

Let the question be as it may in the private judgment of each individual, whether the acarus is the sole cause of the itch or merely a morbid product, whether we are able to detect its presence in all cases or not, let us abandon this false squeamishness in reference to the use of proper external means, and henceforth do justice to our patients, common sense, ourselves and homœopathy, by curing scabies.

Dr. Freytag got excellent effects from the ablution with the suds of strong alkaline soap.

Dr. Bourquignon recommends as thoroughly and speedily fatal to the acari, and as otherwise beneficial, an ointment made of three parts of powdered staphysagria (stavesacre) to five parts of lard, applied four or six times per day. He says this will frequently cure the disease in from four to five days.

The pathogenesis of staphysagria presents a pretty fair picture of the itch.

Prof. Requin speaks highly of the use of equal parts of oleum terebinthe and sweet oil as a local application.

Common lard, in most cases, will destroy the parasites; it is doubtless the chief agent in all the various ointments, and kills the acari by sealing up the pores of the skin and depriving them of air.

After the acarus has been destroyed, attenuated remedies, if well chosen, will speedily complete the cure, and among them sulphur stands pre-eminent; this remedy has been much abused by both schools—by the old, in its universal, extravagant and detrimental administration when not called for, and by an opposite extreme in the new.

Some of us have imbibed strong, bitter and groundless prejudice against its use in low potencies, and oppose its employment in the crude form, *under any circumstances whatever.*

I should apprehend no absolute danger from its careful use in the form of an ointment, in cases of recent itch, uncomplicated with other eruptions although inunctions with simple lard, if equally efficacious, are preferable, thereby avoiding factious dispute.

Cases of long standing can rarely be conducted to a favorable termination without the internal use of sulphur; the higher attenuations, thirtieth and two hundredth, as is also the case with the other remedies, have proved most satisfactory to me. The question of attenuation to be employed is one which belongs to the private judgment of each practitioner; and as long as human knowledge and capacity are limited, and human judgment fallible, just so long will men honestly differ in this matter.

The principle of homœopathy consists in an adherence to the central law *similia similibus curantur*, and not in an exclusive and bigoted devotion to any particular potency or dose. The horizon of each varies according to the altitude of his standpoint. A man should not be censured because his best telescope has an inferior range.

The other remedies most frequently applicable are calc. c., caust., carbo. veg., clem. erect., graph., hepar, lachesis, ledum, merc., mez., nitric acid, puls, rhus, sepia, staph. and sulph. acid.

It will only be necessary to caution the tyro against carelessness and haste in the selection of the internal remedy; it will only be after the most careful analysis, searching inquiry and critical comparison that he will be able to select the proper agent from almost the entire list of our materia medica.

ARTICLE XIII.

Remarks on Scabies. By CARROLL DUNHAM, M. D., of New York.*

Dr. Copeland says that the ancients comprehended under the names "psora" and "scabies," besides *itch*, properly so-called, eczema, prurigo, lichen, and ecthyma; and modern medical writers up to the year 1834, have given nearly the same extent of application to the name Itch and its synonyms in the various languages of modern Europe. Thus, for example, we find Hahnemann including under the name "itch," "tinea capitis, and all eruptions which become moist on being scratched" (eczema therefore, and impetigo), as instances of cutaneous affections originating in what he calls a "psoric miasm."

It was not until the year 1834 that the presence of an insect in the vesicles of a certain cutaneous eruption was generally acknowledged. This fact became forthwith the basis of a new subdivision of vesicular eruptions by which the name "itch" or "scabies," was restricted to that form which was characterized by the presence of the "*acarus scabiei*" or "itch-insect" in the vesicles. Itch, then, in this severe and restricted use of the name, is a disease our generally accepted knowledge of which, dates from the year 1834. What is found respecting itch in medical works anterior to 1834 is to be understood as applying equally to eczema, lichen, prurigo, etc., and it must be borne in mind that, among all the cases described in many such works, there *may* not have been a single case of what we now call *true itch*, i. e., itch characterised by the presence of the acarus. We shall henceforth use the term "itch" in this restricted sense.

In the study of this, so to speak, new disease, many questions have had to be considered anew which had been already determined with greater or less certainty as regards the diseases formerly confounded with itch.

The first in importance, in its bearing both upon prognosis and upon treatment, was the question of the nature of itch, whether it were a *local* or a *constitutional* disease. And although, as homœopathic physicians, we have not so large a faith in the doctrine of purely local diseases as our brethren of the old school have, yet, in this case, the question has the greatest interest even in our eyes. For, a disease in which a parasitical insect plays so important a part as the acarus is by many assumed to play in itch, is just one of those very few affections which *may* be purely local, dependent solely upon the presence of the insect in the vesicles. In this case it would resemble those troublesome affections caused by the presence under the skin of the woodtick and "jigger" (chiggre, pulax penetrans) in the southern part of our country, and of the Guinea-worm in Africa, and for the cure of which, nothing further is needed than the expulsion or destruction of the insect.

The question is, then, does the continuance of itch in any case depend *solely* upon the continued life and activity of the insect? Or, what is the

* Am. Hom. Review.

same thing, will the destruction of the insect in every case ensure the disappearance of the disease?

For the solution of this question direct experiments have been made on a large scale; while at the same time the results of treatment offer a large mass of indirect evidence. It is the object of this paper to bring into view these classes of testimony and to consider their bearing on the question of the nature of itch.

The existence of the insect in itch vesicles was popularly known long before it was acknowledged as a constant fact by scientific men, and sulphur was in high repute among the people as a remedy for itch. After the general recognition of the acarus as an essential element of the disease and the consequent establishment of a more stringent diagnosis, the experience of medical men in hospital practice soon justified this high regard in which sulphur was held. The remedy was used both internally and, in the form of ointment, externally, and of its curative action no doubt was or could be entertained.

When, however, the question of the nature of the disease, as to whether it was a constitutional or a purely local malady, came to be mooted, it was suggested that the sulphur acted curatively only when externally applied, and that its action was limited to the destruction of the insects, upon the extermination of which, it was alleged, the disease of course disappeared.

Experiments were instituted to test this hypothesis. A number of acari being caught, were subjected to the action of sulphur. They perished in the course of a few hours. Others, which were at the same time buried in Lycopodium powder or in flour, retained a vigorous vitality for more than a day. It was thus demonstrated that sulphur has the power of speedily destroying the acarus, and this was held to account for the speedy cure of cases of itch in which sulphur had been applied externally.

Hebra, of Vienna, carrying out these experiments more extensively and more rigorously, reasoned, that if the disease depend solely on the presence of the insect and disappear with the destruction of the insect, then a cure might be effected by the local application of any substance, even of *non-medicinal* substances, which might possess the power of speedily killing the acarus. He therefore caught a number of insects, and, among other experiments, plunging several into lard and other kinds of grease, found that they perished in a very short time. He accordingly treated a very large number of patients by simple inunctions with lard or oil, and with, as he reports, complete success.

These experiments made on an extensive scale and corroborated by the reports of other observers, seem to demonstrate the fact that itch is a local disease, originating in, and depending solely upon the presence of a parasitical insect, and requiring therefor for its cure, simply the extermination of this insect.

There are, however, certain incontestable facts which cannot be accounted for by this simple view of the disease.

1st. Itch may be cured, as has been proved again and again, by both allopathic and homœopathic physicians, by the internal use, alone, of sulphur; but this treatment, as a general rule, requires a considerably longer time, than when external applications are conjoined with it, or are used

alone. A disease, however, which thus yields to a purely internal treatment, can scarcely be deemed a local disease. An hypothesis it is true has been advanced to account for these cures and at the same time to avoid admitting the constitutionality of the disease, viz., that the sulphur, absorbed into the circulation, is deposited in the vesicles, and thus, by a species of local application, kills the acarus and cures the disease. But this is an untenable over-refinement and will certainly not hold good with reference to those cases which are cured by homœopathic physicians with infinitesimal doses of sulphur.

2d. Devergie affirms that in those cases of itch which have been "cured," so to speak, by the simple inunction of lard or analogous substances, the eruption reappears after a time more or less brief, while this is not the case where patients have been treated with sulphur, either internally or externally. Yet the inunction of lard *undoubtedly kills the acarus*, and, if this be all that is needed for the cure of the disease, we are at a loss to account for its reappearance after the one treatment and *not* after the other.

Hebra is silent respecting the reappearance of the disease in the numerous cases reported by him as treated by simple inunction; indeed, from the nature of his hospital practice, we know that he must have lost sight of almost all of his patients very soon after his treatment ceased. Devergie, on the contrary, has very great opportunities for observing the secondary results of treatment, the hospital St. Louis being a kind of *winter poorhouse*.

3d. Devergie, moreover, warns his pupils emphatically against the treatment of itch by the *external application alone* of either *sulphur* or *simple lard*, assuring them that serious lesions of internal organs not unfrequently follow these speedy cures.

Now it is pretty generally admitted, that the sudden suppression of eczema and analogous eruptions by external applications, is attended with considerable danger, and this is accounted for by the assumption that these are constitutional diseases; and they are so considered *on this very account*, namely, because a local treatment fails to *eradicate* them but merely changes their seat in the organism. But, according to Devergie and other medical writers, itch when locally treated manifests the same phenomena of lesions of internal organs. By parity of reasoning therefore, itch is to be adjudged a *constitutional* disease.

4th. Finally, Hebra relates that, in order to solve the question of the propagation of itch, he inoculated himself and some of his friends with the fluid discharged from the itch vesicles, but without effect. He then placed acari in an active state upon his hands and the hands of his friends, but *without any result*. He finally inserted several of them beneath the skin of his hand and left them there. For *several successive* days *he looked in vain* for traces of them. On the *sixth day*, after considerable febrile symptoms and other signs of constitutional disturbance, he noticed *in his groin* vesicles resembling itch-vesicles, but *not containing acari*. On the *eighth* day vesicles containing acari were first discovered on the hands.

A more perfect picture of the onset and development of a constitutional disease could scarcely be imagined than this history furnishes. Were this disease *simply* the presence of a parasite beneath the skin, its inconvenient symptoms would have appeared as soon as the acarus was introduced

under the skin by Hebra. If one walk with unprotected ankles in a southern wood, and thus expose himself to the "jigger," not a single hour elapses before he feels the tingling smarting which ceases only when the insect has been removed or destroyed. With the itch, on the contrary, eight days passed away before local signs were observed, and the first indications of disease were *fever* and an *eruption* on a distant part of the body.

With the evidence thus cited before us, we are in a position to assume that itch is a constitutional disease. The manner of its onset, with constitutional disturbance, several days after the inoculation of the insect, all traces of the inoculated insect being meanwhile lost, these facts together with the effects of its too speedy suppression, compel us to this conclusion.

On the other hand we are constrained to concede to the acarus an important part in the disease. It is admitted on all sides that he is the sole agent in its propagation from one individual to another. And it is also proved that his destruction in the vesicles greatly facilitates the radical cure, and *in every case* causes at least the temporary disappearance of the eruption.

These facts, most important in a practical point of view, have seemed to me to present a basis for a satisfactory theory of the disease which shall acknowledge the important functions exercised by the insect, and shall at the same time affirm the constitutionality of the disease.

And in this connection, a reference to the *morbus pedicularis* may not be inappropriate, at least, to that variety in which the parasite is the pediculus *corporis*.

So persistent is this disease, in some cases, in spite of the utmost cleanliness and care, and so speedily, in the course even of a few hours, do the patient's body and its surroundings swarm with incredible numbers of the vermin, after so thorough a cleansing, that not one had been discoverable, that authorities so recent and so eminent as Rayer and Devergie have felt constrained to admit the doctrine of spontaneous generation in the case, at least, of these parasites and to assume that they were generated in or upon the bodies of certain persons by virtue of a constitutional taint or miasm.

Erasmus Wilson does not admit the doctrine of spontaneous generation. He thinks that if due allowance be made for the "prodigious fecundity" of these insects, their speedy reappearance in the innumerable hosts referred to, may be understood. But when called upon to account for their persistent reproduction on *certain* persons while *others* quite as likely to come within reach of their ova are not infested at all, he is obliged to assume that the skin and excretions of certain persons, by reason of some constitutional peculiarities of those persons, furnish a favorable *nidus* for the development of the ova and of the resultant insect, he says: "It is difficult to understand the extraordinary increase of these creatures on the skin, in certain cases, even among persons of cleanly habits, and we cannot but come to the conclusion that certain states of the fluids of the body are peculiarly favorable to their nourishment. Then they are sometimes found to be produced during an illness, and, *in some families*, have been known to invade the body shortly before death, and so become an admonition of

the approach of death." And, speaking of the treatment of this affection, Serrurier, after dwelling on the advantages of cleanliness and of diverse external applications which kill the insect, says: "When, as is most often the case, the phthiriasis depends or seems to depend on some constitutional disease, the local treatment will be but palliative and no cure can be effected without combatting the constitutional disease by constitutional means".

And, passing for a moment to still another variety of parasites, the opinion is gaining ground among students of Natural History, that the ova or the lower forms of intestinal worms are very generally diffused, and that very few human beings are not continually receiving them into the system; but that these ova in the majority of individuals perish, and that they develope only in the bodies of those persons in whom the fluids and secretions are of such a character as to favor their development; and that, furthermore, the fluids and secretions are in such a state as to favor the development of the worms only when the individual is in a diseased condition. It follows from this that there is a *diseased* condition, which precedes and prepares the way for the development of worms; there is, so to speak, a stage of helminthiasis in which, *as yet*, no worms exist *as such*. This explains the not unfrequent removal of what are known as "worm symptoms," while yet no worms are evacuated. If this be the true view, it would follow that drugs, if there be any which *merely kill* the worms, without affecting the patient, would be only palliatives. They would not change that morbid state of the patient which favors the development of the omnipresent ova and there would be a speedy relapse.

Just so, it may well be that the ova of the *accarus scabiei* and of the *pediculus corporis* respectively, develop only on the body of a patient whose fluids are so changed, under the influence of some diseased state, as to be favorable to their development. If this be so, no external local treatment, addressed chiefly to the destruction of the insect, could be other than palliative. The ova being almost universally diffused, would soon develop again in this favorable nidus. However such external destructive means might seem to expedite a cure, the only radical curative would be a constitutional treatment which should make the body unfit for the development of the vermin.

Recurring now to the subject of the *morbis pedicularis*, we observe that Attomyr states that in proving psorinum he witnessed the production of body lice. This statement was called in question by many of his colleagues, among others most vehemently by Griesselich, the authority of whose criticism however, is weakened by the consideration that he doubted and denied *everything*. But Attomyr affirms that he *cured* several cases of *morbis pedicularis* with psorinum. This too was doubted. It is remarkable, however, that the elder Rapou of Lyons, without knowing Attomyr's *clinical* experience, gave psorinum successfully in a very obstinate and strongly marked case of the disease and subsequently treated a large number with it with uniform success.

ARTICLE XIV.

Report on Clinical Medicine. Case of Hydrocele, cured by a Single Remedy of a High Potency. By E. A MUNGER, M. D., of Waterville.

The patient was a stout, healthy boy, aged three and a half years, son of S. B——, of Marshall.

The father brought him to my office about the first of February, 1864, for treatment; found the secretion in the left testicle, sufficient to increase the size of the scrotum, to twice or three times that of its normal state. Upon testing it by a lighted candle in a dark room, I ascertained that it was a simple case of hydrocele. Having a short time previously heard my friend, Dr. L. B. Wells, of Utica, speak of the successful treatment of a similar case, with mercurius solubilis of a high potency, I resolved to try it in this. I accordingly advised the father to wait until I could procure a medicine which I wished to give him, my object being to gain time to communicate with Dr. W. in regard to the particular potence and mode of administering it. I learned from the Dr. that he used the 200th potency, and I think a dose three times a day, for a few days, and then once a day.

Having no high potency of this medicine except the 3000, I crushed a few pellets (8 to 12 in number) in a little sach. lach, preparing in this way six or eight powders, and directed that one be dissolved in three teaspoonsful of soft water, and a spoonful administered, morning, noon and night, until the six were taken, and then report to me. This prescription was made February 10th, 1864. At the end of the week no change. Prescription: one dose a day, for one week. On the 22d saw the patient again and found the case decidedly improving; ordered the medicine to be discontinued for a week or ten days and then to be resumed, a dose once in three days.

March 17th. No perceptible improvement in the last two weeks. Made the same prescription as at first for four days, then a dose every third day again.

March 30th. Patient nearly recovered; directed a continuance of the medicine a few days longer, when the father reported him entirely well, and he remains so till the present time, February 2d, 1865. In this case no other medicine was used, and no external applications made.

A lower potency of the same remedy might have effected the cure as well, or better, and some other medicine might have done equally well. Still the fact remains that this case, one in which we should not look for a spontaneous cure, did terminate favorably under the use of this medicine.

ARTICLE XV.

Report on Clinical Medicine. Cases of Scrofulous Ophthalmia, resulting in Ulceration of the Cornea. By E. A. MUNGER, M. D., of Waterville.

CASE I.

On the 18th of May, 1864, I was called to see a little daughter of F. P., three and a half years of age; light complexion, light hair, blue eyes, soft muscle, and of a decidedly strumous habit, although she had usually enjoyed good health.

Found the conjunctiva and edges of the lid of the left eye highly inflamed, painful, intolerance of light, and a profuse discharge of acrid tears. This continued with only temporary improvement until the forepart of July, when the right eye also became similarly affected. Not having kept a full record of the case, I am unable to give a complete history of the treatment. I prescribed at different times aconite, apis, belladonna, arsenicum, pulsatilla, sulphur, mercurius and rhus tox. in the low potencies.

There was an occasional improvement for a few days, but on the whole she became worse, until the forepart of September, when she was taken to Verona Springs, in the hope that she might be benefited by the use of the spring water. At this time both eyes were highly inflamed; there was great intolerance of light, so much so that it was almost impossible to open the lids so that we could see the eyes. She remained at the Springs four weeks, with some benefit to her general health, and continued to use the water after her return.

Some time in the early part of October the parents discovered something unusual in the appearance of the left eye, and brought her to me. I found an ulcer on the cornea, and the entire membrane quite opaque. At my suggestion they took her to Utica and put her under the care of Dr. Wolcott, an accomplished surgeon of the allopathic school. She remained under his treatment about six weeks, when, about the last of November, they took her to New York and placed her under the care of Dr. Agnew, where she remained three weeks, and came home somewhat improved, but with something of the ulcer still remaining. Soon after her return another ulcer was discovered on the cornea of the right eye. She continued the use for a time of the remedies prescribed by Dr. Agnew, but under the immediate care of Dr. Wolcott.

On the 22d day of June, 1864, the parents again presented her to me, entirely disheartened, anticipating nothing less than the loss of both eyes, and, indeed, it seemed as though that would be the result. The eyes were still highly inflamed; she could bear no light scarcely without intense suffering; her vision was very imperfect, the cornea of both eyes being quite opaque, the ulcers still remaining, though much smaller. She was pale, emaciated and debilitated. They asked me if anything more could be done for her.

I suggested a trial of high potencies, and accordingly put up six doses of calcarea carb. 1000th potency, and one dose of sulphur 3000th, and ordered one dose calcarea each morning until all were taken, and on the seventh morning the dose of sulphur, and then the discontinuance of medicine one week.

At the end of two weeks there was a manifest improvement. I then prescribed calcarea once in three days and sulphur once a week. This course was continued some eight weeks, with the exception that about six weeks after I commenced this treatment the eyes became more inflamed, accompanied with a copious discharge of scalding tears, for which I prescribed arsenicum 200, one dose each morning for four days, which relieved those symptoms, when I resumed the calcarea and sulphur as before. The improvement continued steadily, the eyes becoming clear and bright, the general health perfect, and she is at the present writing, January 25, 1865, plump, fair and healthy, with two good eyes.

CASE II.

Little girl, aged four years, daughter of E. B., of Madison. The mother died of tubercular phthisis a few months after the birth of this child, who inherited from her a scrofulous constitution. When three or four months old, had crusta lactea severely, and glandular swellings in different parts of the body. Since that time has enjoyed tolerably good health until the forepart of November, 1864. I was called to see her on the 19th of November, and found the left eye highly inflamed, attended with the usual symptoms. On examination, found on the lower part of the cornea an ulcer of considerable size, and a smaller one directly over the pupil.

Prescribed for about a week aconite and apis, which relieved the inflammation. I then gave calcarea 1000 once a day, and sulphur 3000 once a week, and continued them with an occasional intermission of a few days until the 25th of January, 1865, when the ulcers had both entirely disappeared, and the eye was well but somewhat weaker than the other. The lower and largest ulcer was healed in about five weeks after I commenced this treatment. No local applications whatever were used, and no other remedies administered except an occasional dose of belladonna or apis when the eye was more inflamed than usual.

Some five or six weeks ago an eruption appeared upon the hairy scalp which proved to be tinea capitis. I made no change of remedies however until January 25th, when I prescribed sepia 1000, a dose each day.

February 3d. There is very marked improvement of the eruptive disease under the use of sepia which I ordered continued, and expect to witness a cure with this medicine alone.

ARTICLE XVI.

Congenital Occlusion of the Rectum. By JACOB BEAKLEY, M. D., of New York.

The subject of the following communication was born on the 20th of July, 1863. The mother had borne two healthy children, both males. In placing the ligature around the cord it was found to be more firm than usual, resisting the pressure of the ligature to a degree that it was necessary to use more than ordinary force in drawing the knot. During this operation it was remarked that the genital organs presented an uncommon appearance, there being no prepuce, and the glans of a highly livid color. Soon after the child was given to the nurse, the cord was found to be bleeding, and it became necessary to apply another ligature, which did not arrest the hemorrhage till a very considerable force had been applied, evidently being much firmer than natural, and when examined at its cut extremity, presenting an almost ligamentous appearance. The child, now more critically examined, was discovered not to have an anus; the skin was as smooth and its color as bright in that part where the perineum should have been as it was upon the nates! Nor was there any appearance of raphe.

There was no depression where the cleft of the nates should have been; and, when handled, those parts were firm, as though the skin was supported by a thick bed of cellular tissue, well filled with fat. As the child lay on its back with the thighs flexed upon the pelvis, the spot where the depression should have been was the most prominent point. Over the lower end of the sacrum, about the level of the point at which the articulation, with the coccyx, should be, there was a depression in the skin which seemed, when closely examined, to be attached to the bone by condensed cellular tissue; the whole presenting the appearance of the cicatrix of an ulcer. A close inspection of the genital organs demonstrated very remarkable deformity there. There was but a rudiment of prepuce; the glans penis was very livid; the *meatus urinarius* was perfect, but half a line lower; the urethra was cleft, and at this point was wide enough to receive a large size duck shot; around the root of the penis, rather than below it, existed what at first appeared to be the scrotum, but, upon minute examination, it resembled more the labia of the female: the most of it being disposed towards the sides of the root of the penis, and only a small part was smooth and florid, instead of wrinkled and brownish, as in the well formed male. Within this mass, the most careful examination could discover nothing resembling a testicle on either side. When the child voided urine the urine passed out at the cleft of the urethra. The child, with the exception of the deformity described, was remarkably well developed. It would probably have weighed seven pounds; was plump, florid and vigorous, and was, when dressed, as healthy looking a child as I ever saw. Twelve hours after the birth of the child, several of my students visited

it with me, and it was determined that, though the appearances were in every respect most unpromising of success, yet, that the chances of an operation ought to be afforded, I therefore proceeded, in their presence, to plunge a sharp pointed bistoury, with a narrow blade, just in front of the point of the coccyx, pushing backwards and upwards, as nearly as possible, in the direction of the hollow of the sacrum for an inch depth. Upon withdrawing the knife, the hand was brought forward so as to enlarge the external opening sufficienly to allow the finger to be introduced. No appearance of meconium followed, and the finger, when introduced, could detect nothing resembling the gut On the contrary, a hard, unyielding, membraneous body appeared to fill up all the narrow space between the tuberosities and the coccyx. The bistoury was now passed into the wound and, guided by the finger, was thrust nearly an inch deeper in the same direction. Throughout this space it encountered a resistance like that from cartilage, making a crackling sound, as when that substance is cut. These thrusts were carefully repeated two or three times—the direction being slightly varied. No meconium followed; nor could the most careful examination detect anything calculated to encourage further perseverance in the search.

The wound was kept open by a plug of lint for two days, after which this was left out, as it began to occasion painful inflammation, and as the most careful examination with the finger passed into the wound, while the child was made to cry violently, failed to indicate any approach of fecal matter in that direction.

The child lived seven days and five hours, frequently taking nourishment, and for four days nursed freely. At times it vomited, but not in proportion to the quantity swallowed. About the fourth day the matter thrown up was dark colored, and the abdomen began to be perceptibly swollen, but not tympanitic—the fulness being more firm than that caused by wind. There was at no time any straining or bearing down, as if from a desire to stool. From this time emaciation began to be very marked, and continued to increase. The child was sometimes restless, generally refusing to lie on the bed; but did not give as much evidence of suffering, as was expected. It gradually became weaker, and finally died in an effort to vomit—the fluid filling up the mouth and nose.

The autopsy was made eight hours after death. The abdomen, legs and dependant portions of the body were very dark colored; dark and frothy fluid flowing from the nose and mouth. The abdomen was considerably swollen; the umbilical cord was still adherent, presenting no appearance of separation. Upon opening the abdominal cavity, a very remarkable fullness and enlargement of the intestines attracted attention. Most prominent was a pouch which at first appeared to be the stomach, pushed down below its natural position, but upon closer examination it was found to be a *cul-de-sac*, having its closed extremity on the left side of the abdominal cavity, and being continuous toward the right side, with a portion of intestine very much enlarged. It was bound along its lower edge by peritoneum; upon tracing this, it was found to make several convolutions, and then passing back on the right side where it was closely adhered, to terminate in the stomach, which was now discovered higher up and rather further

back towards the spinal column, having been concealed by the piece first described. The length from the *cul-de-sac* to this stomach was about twelve inches. This was evidently the small intestine, a very large portion of which was deficient, the length not being more than would account for the duodenum and a small portion of the jejunum; the greater part of the jejunum and the whole of the illium being absent. This truncated intestine terminated at the point which had first attracted attention, instead of passing on to form a continuous tube as in the normal condition, and there it formed the remarkable looking sac alluded to, which was not unlike the stomach in shape, but at least one-third larger than that organ. It was almost equal in size to the large intestine of an adult. The whole extent of this intestine from the stomach to the *cul-de-sac* was filled with fluid and was of the appearance of a portion of intestine which had been strangulated in a hernial sac, or as the intestines are sometimes seen in cases of death from obstinate constipation. This extraordinary arrangement having been fully made out, attention was directed to a singular cord-like body which seemed to pass from the upper to the lower abdominal cavity and into the pelvis, forming in its course an extremely convoluted and serpentine course. This cord at the upper part was about the size of a small goose quill and gradually enlarged as it descended, attained the size of the little finger where it terminated in the pelvis. It was attached to the portion of intestine which has been described, by a layer of peritoneum, which membrane also connected it in its whole course to the posterior wall of the abdomen, after the manner of the mesentery. This cord was solid and firm, of a greyish-white color. Upon separating it from all its adhesions and carefully examining its course, it was found to pass from the umbilicus (where it made its exit from the abdominal cavity along with the umbilical vessels in the cord) down towards the pelvis, and its inferior end occupied the spot at which the rectum should approach the surface to terminate in the anus.

A close examination of this part showed that the incision made in search of the rectum had reached this cord, and the punctures had passed into it to the right.

This cord then represented the large intestines, and its passage out of the abdomen at the umbilicus in the umbilical cord, accounts for this remaining firmly attached and livid, instead of mortifying and falling off. The bladder was large and its walls standing out, as if distended with urine, but on cutting into it not much water escaped, and it was found that the appearance was owing to the thickening of the walls of the bladder, which were dense as buckskin, causing the organ to bear some resemblance to a good sized uterus.

The urethra was cleft about half a line from the natural orifice, and at this point was considerably enlarged, so that it might have received a small sized pea. It gradually lessened to its natural size as it approached the neck of the bladder.

A careful examination was made into the imperfect scrotum, but no trace, either there or in the cavity of the abdomen, of a testicle, could be found. In the small cavity was found a plexus of veins and a quantity of cellular tissue, with some small granules of fat. The pelvis was small.

This singular condition of things, exhibiting so fully the utter inadequacy of any operation, as yet recommended in cases of imperforate anus, to give the relief expected, has suggested the propriety of bringing forward, in as brief a space as possible, what has been published on this subject by authors of recognized authority, with a view of elucidating as far as practicable the question (still obscure) of the propriety of attempting any operation in doubtful cases; a question no less interesting to the surgeon too, is that which has for its object the settling of a line of demarkation, as well defined as possible, between the cases in which an operation is clearly called for, and those in which success will be so doubtful as to warrant him in hesitating or even declining to interfere.

Pathology.

There are several varieties of this deformity. In that which may be considered the most simple (viewed in a surgical light) the anus is closed over by a membrane variable in thickness, under which the finger detects the fluid meconium, and the eye the dark or livid color, produced by this excrement as well as the protrusion, gradually increasing which the accumulating meconium occasions; these appearances being more or less distinct in proportion to the density of the closing membrane. In another variety, not unfrequently met with, the anus is in its natural condition, but the rectum is closed at a greater or less distance up by a membrane varying in thickness as in the last case, or by an obliteration of the gut itself by a kind of collapse of the tube, the sides appearing to have adhered together, or by what has been described a navel-formed termination of the upper part of the gut in a canal extending from the anus up to this point.

In a third variety, there is no appearance of anus. Here it has been observed, in every case I have been able to consult, that along with the anus, a portion of the gut has been wanting. In every instance some difference is met with in the quantity of deficient intestine discovered in making the *post-mortem* examination; but in none was there anything like the extent of deformity described in this case. In every example, the defect was confined to the rectum except one, which extended to a small portion of the colon. Very frequently deformity of the genital organs coexists with this variety.

These three comprise all in which the patient is doomed to a certain and speedy death without the relief of an operation. There are others in which life may be protracted for a longer or shorter period, though under circumstances of more or less aggravated suffering.

Thus, the anus may be so small as to prevent any but the most fluid parts of the meconium from passing out; and the contraction may extend up along the rectum. Such a deformity will daily become more serious, as the feces become more consistent, till finally death ensues unless the aid of surgery is evoked

Again, the rectum instead of terminating at the usual place, may open elsewhere; as in the bladder, urethra, vagina or (as in one instance recorded), at the upper part of the perineum, just at the vulva. Cases are also men-

tioned where the opening was at the umbilicus, in the left illiac region, and, "at the place where the symphisis pubis ought to have been."

If from any cause, either from carelessness in the attendant, or from the deformity being within the gut, and so out of sight, the imperforation has not been discovered, the following symptoms will sufficiently unmask the case.

Symptoms.

Absence of all evidence of evacuation upon the child's clothing; gradually increased swelling and painful tension of the abdomen; the crying and bearing-down efforts of the child; nausea, vomiting—the matter thrown up becoming colored; redness of the face; protrusion of the eyes; swelling of the veins of the neck; hiccup; convulsive movements, &c. These show a total occlusion. In cases where the anus is still open, but too much contracted to perform its functions, the symptoms are the same, except that the clothes are slightly stained.

When the opening is in the bladder the urine passes out discolored by the meconium at each discharge. When it is in the urethra the discharges are from the *meatus urinarius*, and when into the vagina the same thing occurs.

When the unnatural anus is upon the surface there will be no difficulty in detecting it with the eye.

Treatment.

In the first variety the case is easy to manage, and the surgeon's course clearly pointed out. All authorities concur in recommending an operation, and none doubt as to the time for performing it. With one exception that I am aware of, Mr. Copeland Hutchinson recommends a delay of from 24 to 60 hours, with a view of rendering the operation easier, by allowing the meconium to collect and form a protruding tumor. All other writers recommend an immediate operation.

The plan most followed is to make a crucial incision and then remove the flaps. A trocar has been recommended, but this is inefficient, as the opening is not large enough. The actual cautery and caustic have been suggested; but the first mentioned operation is the best, as it obviates, in a great degree, the necessity of resorting to measures for dilating the opening, and requires only the simplest dressing and treatment. The number of these operations have been very great, and generally successful.

The second variety presents far greater obstacles to the operator, and the difficulties will increase when the occlusion is situated higher up, complicated, more extensive, and the natural opening may be more contracted in size. If the anus is large, and the obstruction near the surface thin, so that the finger can be passed in, and by touching it give clear indications of the condition of the parts, the surgeon may, without difficulty, pass along the forefinger of the left hand a broad-shouldered lancet or a bistoury, and make an opening of sufficient extent. After the incision has been sufficiently extended and the meconium evacuated, tents of linen or other substance must be kept constantly in place, to obviate the tendency to contraction.

But when the obstacle is higher up, or the anus small, the finger cannot

be used, a grooved sound must be substituted, upon which a narrow bladed bistoury may be passed up to the obstacle, and the incisions made backward and laterally to avoid cutting important parts.

A case is mentioned in which neither the sound nor the finger could be used, and it was necessary to pass the bistoury undirected—this case resulted favorably; but it is evident the instrument might easily have taken a wrong course, though it was directed by the skillful hand of I. L Petit.

In difficult cases, some surgeons have resorted to the use of the pharyngotomus for piercing the septum After the operation, by whatever instrument it has been performed, it becomes extremely important to resort promptly and perseveringly to the use of such things as are best calculated to keep the parts dilated, which will sometimes be found no easy matter.

The third variety of imperforate amus is that about which the question properly arises, as to whether any operation ought to be performed, or whether the difficulties and uncertainties are not such as to make it improper for the surgeon to interfere. They are, indeed, appalling. But the alternative is more so. It is death—certain death to the patient. The question is therefore narrowed down to this: shall the patient be left to die, or shall an attempt be made to save him? If the latter alternative be chosen, and the effort prove unsuccessful, some addition will have been made to the child's sufferings. But the consolation, at least, remains to the friends, as well as to the surgeon, that nothing has been omitted.

In discussing this question, it must constantly be borne in mind, that we have no means of discovering the extent or nature of the deformity, by referring to the anatomical structure of the parts, or by the symptoms of the case. The parts being deformed, of course, the anatomical relations are changed from the natural order, and we cannot tell how great this change may be. Neither can we infer any more from the symptoms, than that an impediment to the functions of the anus exists.

To conclude, then, with no other data than these before us, that the deformity is of so great extent as to be beyond remedy, is to determine the question in too summary a manner. The only way, indeed, by which we can come at any knowledge of the extent of the deformity, is by attempting to relieve it by an operation. If the operation fail, the patient cannot, fairly, be said to be in any worse situation; for only an additional degree of pain has been inflicted. Death is neither more or less the inevitable result after, as it was before. But a very important, because a very consolatory certainty has been attained, namely: that all human knowledge and means have been invoked to save human life.

The history of the case detailed in the first pages of this article, suggests a remark which may be found to throw some light upon this question, should succeeding observation confirm it. There was no symptom during the child's life, that it suffered from those bearing down sensations which are so distressing in all cases where there are matters in the rectum requiring evacuation; or where the rectum is the seat of disease. Nor did it scream as if suffering from colic. Now, the post-mortem examination showed that there was no rectum, and no large intestine. I infer, then,

that where there are no bearing down efforts or symptoms of cholicy pains, there is probably great deficiency of gut, and, consequently, but little chance of success from an operation. But this suggestion requires more proof.

I conclude then that an operation ought, in most cases, to be attempted.

Two very different proceedings have been resorted to. The first is, that in which the gut is sought for at the natural situation of the anus. The second, where this search is made at some other point.

Where the first is selected, the manner of proceeding is pretty nearly the same as that employed in the case above. Slight variations are suggested by different authors, but not materially varying the plan. Should the surgeon have the good luck to find the gut, his difficulties and anxieties are not yet over. So great is the tendency to contraction and cicatrization in the newly divided parts, that the most incessant and persevering attention is necessary to keep them open. This must be done by tents of linen or other substance. Sir Benjamin Bell remarked that a case of this kind which came under his care, was one of the most difficult surgical cases he ever had to treat, and his opinion finds its echo from every writer on the subject. If the *sphincter ani* be wanting, the success of the operation under the most favorable circumstances would be incomplete ; and if the deficiency of gut is great, this is probably the case. The operation, of course, presents some serious dangers also. In addition to those incidental to all surgical operations, are the chances of infiltration of the fecal matters into the cellular tissue along the course of the wound.

The second plan proposed for the operation is to abandon the attempt to arrive at the gut by the usual way, and to make an artificial anus at some other point. The first point suggested was the left illiac region ; when an incision having been carefully made through the successive layers of skin, muscle, fascia and peritoneum, the sigmoid flexure of the colon was sought for, brought to the edge of the wound, secured and then opened.

In the second operation suggested, the gut was to be sought for from the loin. The incision being made so as to pass by the edge of the *quadratus lumborum*, and come upon the gut where it was not covered by peritoneum.

The first of these operations has been performed several times, and with success. The second only once, by Roux, whose patient died in two hours. In either manner, under the most successful circumstances, the patient must suffer all the horrors of the artificial anus.

It was suggested, that after the operation in the flank, a flexible instrument might be passed down the lower part of the gut, in search of the point at which it terminated, and using this as a guide, establish the anus at its natural situation, the first to be then healed up. But the suggestion has never been acted upon.

Though not strictly belonging to the category of imperforate anus, cases of contraction of that part may be of such a serious nature, and approach so nearly to total occlusion, that the two deformities need not be separated. So great has been the contraction in some instances, that the point of a pin could scarcely be introduced.

As the patient advances in age, the thickening which takes place in the feces, causing their evacuation to be more and more difficult. Add to this,

that there is a tendency to contraction in the already insufficient opening, which renders the passage of the matters still harder.

Something must be done by the surgeon, or the patient will soon be in the condition of one with a total occlusion. The object may be obtained by dilatation. For this purpose, different materials have been used. Either simple linen or such substances as swell when moistened, as sponge, or bougies, gradually increased in size.

In view of the importance of keeping up unintermitting dilatation, it is possible that some improvement upon the means recommended would be found in the use of an instrument so contrived as to permit the passage of the meconium without it being necessary to withdraw the instrument frequently. This, I think, might be effected by a tube shaped somewhat like a female syringe, with the holes made larger, and with a rim at the outer end having contrivances adapted for keeping it in place by means of tapes. The size of this dilator to be proportioned and gradually increased to the full size.

The substance used might be gum elastic, wood or metal. This would allow so much of the fluid parts of the meconium to escape, as would keep the patient free of suffering from distensions, and at times the instrument could be removed in short periods, for the purpose of allowing more thorough evacuation, and also for giving temporary relief from pressure. The length of such an instrument would vary to suit the case

But should the case be urgent, resort must be first had to the knife, and when sufficient enlargement has been obtained, the parts must be kept from cicatrizing and contracting, by the means just mentioned. The incisions must be made with a narrow bladed bistoury, passed along the groove of a sound, and repeated in different directions, so that sufficient enlargement may be obtained without endangering important parts. This precaution will save the sphincter too from being cut through, which might happen if it were neglected. The use of the tents must be kept up for many months, and when they are no longer regularly inserted, frequent examination should be made, to learn whether the parts are permanently dilated.

In cases where there is an opening for the gut in some unnatural situation, the propriety of interfering is not so certain. If the opening be sufficiently large to admit of the evacuation of the fecal matter, the patient is not doomed to inevitable death, and therefore the surgeon may pause to inquire whether art offers any prospect of improving this state of things. If there be any symptom leading him to suppose that a search for the gut in the normal situation might be successful, he might, at a convenient time, make the attempt, and if it succeeded, then turn his attention to healing up the unnatural opening. But any rash or hasty determination would be unpardonable, because, however disgusting may be the condition of a patient with this deformity, both to himself and others, the conscientious surgeon can never cease to reflect that the great object of his art is the preservation of human life, and that the lessening of human suffering is only the second.

ARTICLE XVII.

Fifth Annual Commencement of the New York Homœopathic Medical College. Report by Professor JACOB BEAKLEY, M. D., of New York.

The New York Homœopathic Medical College is in a flourishing condition, notwithstanding the depressing condition of our country. The respective chairs are filled by thoroughly educated and energetic men, who have entered on this labor of love with a full determination to make this institution inferior to none in thoroughness of instruction in every department of its entire curriculum of instruction. It is to be hoped these efforts on the part of the faculty will meet with a hearty co-operation from the whole homœopathic fraternity. Students who are adherents of the homœopathic system of practice while attending allopathic medical schools, are obliged, for the time being, to ignore their honest convictions and obtain clandestinely honors they cannot wear, and they eventually gain the opprobrium of those whom they have duped. Let us lay aside all prejudices, and honestly and earnestly support our own medical colleges, and show to the world we are good and true men, working together as a band of brothers to benefit our race, and free it from the scourge that has so long cursed us as a people.

At the fifth annual commencement the following named gentlemen received the degree of doctor of medicine:

L. M. Brown, Junior	Cleveland	Ohio.
Wm. J. Calvert	Ann Arbor	Michigan.
J. H. Tegart	Scotland	Canada West.
W. R. Case	Clinton Corners	New York.
Winford York	Simcoe	Canada West.
B. F. Bowman	Mechanicsburgh	Pennsylvania.
M. H. Waters	Hartwick	New York.
P. O. C. Benson	Owasco	New York.
George Palmer	London	Canada West.
G. B. Ketchum	Medina	New York.
J. N. Fairbank	New York City.	
J. T. Wallace	Herkimer	New York.
Everett Hasbrouck	Medina	New York.
A. N. Tisdale	Simcoe	Canada West.
G. F. Hand	Binghamton	New York.
F. L. H. Willis	New York City.	
C. T. Hamilton	Middlefield	Massachusetts.
D. W. Pitts	Saratoga	New York.
W. B. Cowan	Galt	Canada West.
J. O. Emmett	St. Catharines	Canada West.
Lewis Whitney	Ann Harbor	Michigan.
J. H. Demorest	New York City.	
Henry Holt	West Liberty	Michigan.
Ira Remsen	New York City.	
G. P. Westland	London	Canada West.
J. B. Holtby	Simcoe	Canada West.

J. L. Peck	Bridgeport	Connecticut.
P. S. Goodwin	Skowhegan	Maine.
B. M. Richardson	Sutton	Vermont.
L. J. G. Burchard	St. Louis	Missouri.
W. F. Hocking	Brantford	Canada West.
D. A. Cheever	Pekin	Illinois.
Bernard Hund	New York City.	
W. F. Bahker	New York City.	
W. H. Dickinson	Desmoins	Iowa.
H. J. Jackson	New York City.	
M. E. Tripp	Ingersoll	Canada West.
C. L. Mahon	Smyrna	Delaware.

ARTICLE XVIII.

First Annual Report of the New York Medical College for Women. By the Dean, I. M. WARD, M. D., of New York.

This institution originated in the efforts of Mrs. C. S. Losier, M. D., an extensive practitioner in this city, who daily saw and felt the necessity of increased facilities for the education of women as physicians. She, at first, succeeded in exciting the interest of certain of her patients to such a degree as that an association was formed before which lectures were delivered on various medical subjects, and for whose use a small medical library was opened.

The interest thus awakened deepened and widened until, in process of time, the Legislature was petitioned, and April 14, 1863, the charter of the present institution was granted.

The organization of the college was at once perfected and the first course of lectures, attended by eighteen matriculants, proved decidedly encouraging to those interested in the enterprise, and when, at the end of the second year, fifteen of the thirty-four students in attendance, after a thorough examination by the faculty and a board of censors, consisting of five physicians outside of the faculty, took the degree of doctor of medicine, it was no longer possible for the most sceptical to doubt the fact of success.

This first commencement took place on Wednesday, March 1, 1865, at the Broadway Athenæum, and was a most interesting occasion. The large edifice was crowded to repletion with a brilliant audience. The exercises were opened with prayer by Rev. Samuel S. Cox, D. D.

Prof. Ward, after a few prefatory remarks relative to the requirements of the college and the fitness of the candidates for graduation, read the thesis of Mrs. Elizabeth D. Wright, entitled "Success in the Practice of Medicine." The article was well written, and was received with marked attention by the audience.

The degree of Doctor of Medicine was then conferred on the following ladies:

Miss S. Amelia Barnett	Newark, N. J.
Miss Harriet Clisby	Melbourne, Australia.
Mrs. Margarett L. Cooper	New York city.
Mrs. M. Anna Densmore	England.
Mrs. Annie Hall	New York city.
Mrs. Harriet E. Hall	Peterborough, N. Y.
Miss Anna A. Manning	Norwich, Conn.
Mrs. Amelia G. Pollock	New York city.
Miss Emily Schettler	New York city.
Mrs. Eloise B. Smith	Boston.
Miss Jane E. Spaulding	Cold Water, Mich.
Miss Mary E. Tracy	Cromwell, Conn.
Mrs. Anna C. Van Ness	New York city.
Miss Adaline Williams	Mansfield, Mass.
Mrs. Elizabeth D. Wright	New York city.

Prof. Carroll Dunham then pronounced the valedictory address, in the name of the faculty bidding the graduates farewell as students, and welcoming them to the dignities and responsibilities of the profession.

In the course of the study of medicine, to which they had successfully applied themselves, they had learned to know the structure and functions of the human organism, and to understand the modifications which disease imposes on them, and to exercise and put into operation the appliances of the medical art for their restoration to health. And now, said he, you go forth and put into use, for the benefit of whomsoever calls upon you, the knowledge you have acquired. On occasions like the present, on the public entrance of students to the dignities of the profession, it has been from time immemorial, a custom to administer to graduates the hippocratic oath. The form has been omitted; but you have, in substance and virtually, taken on you the obligations of that oath. You have pledged yourselves to use, according to your best ability, whatever means may tend to assuage the sufferings of your patients and to avert from them everything that brings them loss or detriment. You have virtually sworn to be proof against all solicitation and temptations to employ for unworthy purposes the knowledge you have acquired of the action of drugs on the human body. You have bound yourselves to preserve your lives pure and holy, and to ever hold in inviolate confidence, whatever in the life or circumstances of your patients may become known to you while you are engaged in the exercise of your professional duties. And in the manner of your faithfulness to these obligation you pray God, in whose name you took the oath, to grant you success in your labors and honor among your fellows.

Addresses were then delivered by Rev. William H. Boole, Hon. Horace Greely, and Rev. Henry Ward Beecher.

Benediction by Rev. Thomas Street.

There are two other medical colleges for women in our country, but this is the only one in the world that adopts for its motto, "similia similibus curantur." This fact, together with the benefits to be derived from Bellevue and the other great public charities in and about New York, and the peculiar facilities arising from the relation of certain of the professors to the homœopathic dispensaries of the city, and the experience and standing of all of them in the profession, combine to render this institution unrivaled in its educational advantages.

The faculty is constituted as follows:

Mrs. C. S. Lozier, M. D., Professor of Diseases of Women and Children.
I. M. Ward, M. D., Professor of Obstetrics and Medical Jurisprudence.
John Ellis, M. D., Professor of the Theory and Practice of Medicine.
J. R. Andrews, M. D., Professor of the Principles and Practice of Surgery.
Mrs. S. M. Ellis, M. D., Professor of Anatomy.
T. F. Allen, M. D., Professor of Chemistry and Toxicology.
——— ———, Professor of Physiology and Hygiene.
Carroll Dunham, M. D., Professor of Therapeutics and Materia Medica.

CENSORS.

J. T. Evans, M. D., E. M. Kellogg, M. D.,
B. Fincke, M. D., H. M. Smith, M. D.,
Miss A. L. Fowler, M. D.

ADVISORY COUNCIL.

Prof. Theodore W. Dwight, L.L. D.,	Dr. Edward Bayard,
James T. Brady, Esq.,	Dr. B. F. Bowers,
Jonathan Sturges, Esq.,	Dr. Carroll Dunham,
Hon R. B. Connolly,	Dr. L. Hallock,
Rev. H. B. Elliott,	Dr. B. F. Joslin,
Dr. A. S. Ball,	Dr. E. E. Marcy,

Dr. L. T. Warner.

During the last session of the Legislature, the charter was amended, granting the trustees the power to hold hospital property, and changing the title of the institution so that it reads: "New York Medical College for Women and Hospital for Women and Children." Such general hospital will be opened as soon as the requisite funds can be obtained.

New college rooms will be opened at the beginning of the fall term, on the third Monday in October, at 74 East 12th street.

ARTICLE XIX.

Appointment of Homœopathic Physicians as Medical Examiners by Life Insurance Companies. A Report by WILLIAM A. HAWLEY, M. D., of Syracuse.

At the semi-annual meeting of the Onondaga county Homœopathic Medical Society, held at Syracuse, October 25, 1864, the following preamble and resolutions were adopted, and the writer appointed a committee to confer with the Life Insurance Companies on the subject and report to the State Society.

Whereas, it has been repeatedly stated by opponents of our school, that life insurance companies decline to appoint as medical examiners physicians who are engaged in the practice of Homœopathy ; and

Whereas, said report is derogatory to the dignity, honor, and ability of a large and influential body of intelligent and regularly educated medical men ; therefore

Resolved, That a committee be appointed to confer with the life insurance companies doing business in the State of New York, for the purpose of ascertaining the truth or falsity of said statement.

Resolved, That silence in regard to the above query, upon the part of any of the interrogated companies, shall be deemed as presumptive evidence of the truth of said report as far as such delinquent is concerned.

Resolved, That said committee be, and hereby is instructed to report the results of said correspondence to the New York State Homœopathic Medical Society, at its next annual meeting, to be held at Albany in February, 1865, for consideration and action.

The committee would therefore, present the following report.

Letters enclosing the above preamble and resolutions were addressed to all the life insurance companies doing business in the State, requesting them to state definitely what is their practice in the choice of medical examiners. Of the twenty-one companies thus addressed, the following named fourteen promptly responded :

Berkshire Life Insurance Company, Pittsfield, Mass.
New York Life Insurance Company, New York.
Knickerbocker Life Insurance Company, New York.
Security Life Insurance and Annuity Company, New York.
North American Life Insurance Company, New York.
Union Mutual Life Insurance Company, Boston, Mass.
The Manhattan Life Insurance Company, New York.
Connecticut Mutual Life Insurance Company, Hartford, Conn.
New England Mutual Life Insurance Company, Boston, Mass.
Phœnix Mutual Life Insurance Company, Hartford, Conn.
Massachusetts Mutual Life Insurance Company, Springfield, Mass.
Mutual Benefit Life Insurance Company, Newark, N. J.
Germania Life Insurance Company, New York.
Guardian Life Insurance Company, New York.

Thirteen of these claim to exercise entire impartiality in the choice of

medical examiners and to instruct their agents to employ the best skill, without regard to any school of practice.

The Phœnix, of Hartford, Conn., which has but one agent in this State, says, "a number of our board of directors constantly employ homœopathic physicians, but at the organization of our company, a vote was passed instructing our officers and agents to employ none but allopathic physicians as examiners."

The following named seven companies failed to respond.

New York Life Insurance and Trust Company, New York.
Mutual Life Insurance Company, New York.
United States Life Insurance Company, New York.
Equitable Life Insurance Society of the United States, New York.
Home Life Insurance Company, Brookline, Mass.
National Life Insurance Company, Montpelier, Vt.
Charter Oak Life Insurance Company, Hartford, Conn.

By the terms of the second resolution, it will be noticed that we are left to infer that these last named companies choose to appoint only allopathic examiners, though it is fair to say that in the case of the Home Life Insurance Company, their only examiner in this city (Syracuse) is a homœopathist.

The committee, therefore, express the hope that the State Society at its present meeting will adopt the following resolution, or its equivalent, and urge corresponding action on the part of all homœopathic physicians in this State.

Whereas, certain life insurance companies above named, doing business in this State, refuse to appoint regularly and legally educated men, of unquestioned skill and integrity, as medical examiners, simply because they are believers in, and in their practice followers of, the law *similia similibus curantur*, and

Whereas, certain other above named life insurance companies doing business in this State, including the great majority of the wealthiest and soundest companies in the country, claim to exercise and do exercise entire impartiality in the choice of medical examiners; therefore

Resolved, That the Homœopathic Medical Society of the State of New York recommends the adherents of homœopathy, whenever practicable, to support *only* those life insurance companies which, in the appointment of their medical examiners, are uncontrolled by the intolerance and illiberality of the allopathic school of practice.

ARTICLE XX.

Biographical notice of Ira R. Adams, M. D. By JACOB BEAKLEY, M. D., of New York.

The following obituary notice of the late Ira R. Adams, M. D., was written by one intimately related to the deceased, and is a faithful delineation of the life and character of one of the most earnest and intellectual youthful devotees of the homœopathic school of medicine. Ira R. Adams was a graduate of the Homœopathic Medical College of Pennsylvania. He passed the ordeal of a rigid examination before the several professors with distinguished honor. He was a thorough student; earnest, ambitious, and endowed by nature with intellectual capacities far above mediocrity. Had it pleased Providence to have prolonged his years to the ordinary period of human life, I doubt not he would have taken an advanced position among his compeers in intellectual and moral force of character, and by his generous and philanthropic disposition would have proved a blessing to mankind.

The subject of this notice died at his residence at Lowville, November 19, 1862, aged thirty-one years.

That terrible scourge, typhoid fever, had entered the section like a very malaria, most alarming in its features, most desolating in its progress. The very air seemed filled with contagion, and swiftly it sped its way from house to house. It was with difficulty that competent nurses could be obtained, so great was the consternation. But the faithful physician must stand at *his* post, though others quailed with fear; must perform *his* duty, though others shrank from theirs. It were too difficult a task to enumerate these labors of tender, patient love, of entire self-forgetfulness, of brave and hopeful effort to relieve suffering.

Actuated by a sublime heroism, he took his place by the bedside of the sick and dying, to do and die for others. Day by day he toiled on, oftentimes in weariness and physical pain, while slowly and surely the seeds of disease and death were being sown in his own system. Yet the willing hands and active brain would not give over the work, till utter prostration obliged him to desist. Thus with that strange forgetfulness of self that always characterized him, he continued his daily ministrations till his overtasked energies gave way and he sank to rise no more.

Called away in the midst of his years, when the future seemed full of promise, he was one of those few gifted spirits whose course on earth is short as we count time, but in "labors more abundant," who crowd in their brief lives the work of long years. Like sheaves ripened in early summer, their harvest hour comes on.

Some seven years since, he directed his attention to the study of medicine, and after finishing his preparatory studies, entered the Homœopathic College at Philadelphia, where he graduated with the highest honors of his class, in the spring of 1860. He immediately entered upon the duties of his profession in his native village, and his constantly increasing practic

IRA R. ADAMS. M.D.
Late of Lowville. N.Y.

C. Van Benthuysen Albany.

from that time until his final sickness, evinced the high regard in which he was held by all who knew him. He regarded the practice of medicine as his mission, and resolved to enter upon the work, soon after the death of his father (who was also a homœopathic physician), in 1857.

Peculiarly fitted as he was for the profession both by natural gifts and by education, it is not strange that he once remarked that in nothing did he delight more "than to relieve the suffering." His gentle, winning manners, combined with an amount of skill rarely found in one so young, caused his services to be almost constantly called into use among the sick. Thus his labors intermmitted not, for the poor ever looked to him for help, the friendless had only to speak of their sorrows and his hand and heart were read to do them good. His gentle tones and modes of encouragement were like balm and healing to many a sufferer. Unselfishness was the rule of his life, while, noiselessly as the falling dew, he scattered blessings on all around him. "Being dead, he yet speaketh," oh! how clearly in the memories of those who beheld his spotless life, his radiant example. "'Being dead,' he yet lives in the hearts of an appreciative community."

The blighting fever, which in some instances prostrated its victims for months, soon spent its force upon him, and only one month were anxious friends permitted to minister to the patient sufferer. Now hope, then fear predominated with every change of symptom, till death made his presence felt. The anguish of those last hours was only for those who stood by the bedside of the unconscious sufferer, eager to catch the glance of eyes so soon to open upon the glories of another world, and to treasure up the murmured words that dropped from lips when speech was failing. Calmly and peacefully as dies the Christian, he received the final summons and entered the beautiful gates of Heaven.

A likeness of Dr. Adams is published as a frontispiece to this volume.

ALBANY COUNTY HOMŒOPATHIC MED. SOCIETY.

Article 21. List of Officers, Delegates, Committees and Members, 1861–65.
22. Action of the Society with reference to a Testimonial to Dr. W. T. G. Morton.
23. Action of the Society with reference to the Establishment of a Homœopathic Dispensary.
24. Report on Drug Proving. Importance of an Extensive and Uniform System of Drug Proving. By Horace M. Paine, M. D., of Albany.

ARTICLE XXI.

List of Officers, Delegates and Members, 1861–65.

OFFICERS ELECTED JANUARY 24, 1861.

Dr. David Springsteed, Albany, President.
Henry D. Paine, Albany, Vice President.
James W Cox, Albany, Secretary and Treasurer.

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. James W. Cox, Dr. E. Darwin Jones,
Henry D. Paine, Lester M. Pratt.

OFFICERS ELECTED JANUARY 13, 1863.

Dr. E. Darwin Jones, Albany, President.
Henry D. Paine, Albany, Vice President.
James W. Cox, Albany, Secretary and Treasurer.

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. James W. Cox, Dr. E. Darwin Jones,
Henry D. Paine, Wm. H. Randel.

OFFICERS ELECTED JANUARY 12, 1864.

Dr. Lester M. Pratt, Albany, President.
Wm. H. Randel, Albany, Vice President.
James W. Cox, Albany, Secretary and Treasurer.

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. James W. Cox, Dr. E. Darwin Jones,
Lester M. Prattt, Wm. H. Randel.

OFFICERS ELECTED FEBRUARY 4, 1865.

Dr. Wm. H. Randel, Albany, President.
E. Darwin Jones, Albany, Vice President.
James W. Cox, Albany, Secretary and Treasurer.

CENSORS.

rs. Henry D. Paine, E. D. Jones, David Springsteed.

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. James W. Cox, Dr. E. Darwin Jones,
Lester M. Pratt, Wm. H. Randel.

HONORARY MEMBERS.

Dr. Henry D. Paine, 16 West 14th street, New York.

MEMBERS.

Dr. David Springsteed	82 Hudson street,	Albany.
E. Darwin Jones	140 State do	do
Lester M. Pratt	580 Broadway,	do
James W. Cox	109 State street,	do
William H. Randel	1 Clinton Place,	do
John S. Delavan	77 Columbia street,	do
Horace M. Paine	104 State street,	do
W. S. Baker	Cohoes, Albany county.	

The annual meeting for the election of officers is held on the second Tuesday in January. Regular quarterly meetings are held on the second Tuesday of April, July, October and January.

ARTICLE XXII.

Action of the Society with reference to a Testimonial to Dr. W. T. G. Morton.

A special meeting of the Society was held at the office of Dr. H. D. Paine, December 19, 1864, for the purpose of taking action in reference to the national testimonial to Dr. W. T. G. Morton, for his discovery of etherization.*

The object of the meeting having been announced, a statement was presented which briefly and earnestly set forth the acknowledged value and importance of the discovery made by Dr. Morton, and the circumstances which have occasioned an appeal to the general public for a substantial recognition of his claims upon a nation's gratitude.

It was further stated that an opportunity having been recently offered to the citizens of Albany to participate in the movement for a national voluntary subscription, they have readily and liberally responded to the call, more than three thousand dollars, it is understood, having been already contributed to the fund.

The members of this Society have cordially co-operated with other members of the profession in bringing the subject to the attention of their fellow citizens. It is a source of just pride and satisfaction that their interest in promoting subscriptions has not been unsuccessful. Of the whole amount thus far subscribed by our wealthy and public-spirited townsmen, it is estimated that nearly or quite two thousand dollars has been derived from those who approve and adopt the homœopathic mode of treatment.

So far, however, the members of the Society have acted only in their individual capacity; but it has been suggested that it would be proper and might be useful to give some official and united expression as an appreciation of their interest in this meritorious proceeding and their desire to contribute to its successful accomplishment.

After some conversation as to the form which the proposed action of the Society should take, the following resolutions were unanimously agreed to:

Resolved, That the members of the Albany County Homœopathic Medical Society recognize the great value of etherization as a means of relieving

* A statement by Professor Helmuth, on page 67, establishes the claim of the late Dr. C. B. Matthews, a homœopathic physician of Philadelphia, to priority in the discovery of ether as an anæsthetic.

pain, and desire to express their grateful acknowledgments to Dr. W. T. G. Morton for its discovery and successful introduction.

Resolved, That we cordially approve of the movement now in progress in Albany and elsewhere in behalf of the Morton testimonial, and that we will continue to promote subscriptions to the fund among our patrons and friends.

Resolved, That we record with undisguised satisfaction the fact, that the adherents of homœopathy in this city have from the first manifested at least, equally with others, a becoming appreciation of the claims of Dr. Morton upon them, by contributing nearly two-thirds of the whole amount thus far subscribed in this vicinity, and that we commend their example as worthy of emulation elsewhere.

Resolved, That an abstract of these proceedings be presented to Dr. Morton.

ARTICLE XXIII.

Action of the Society with reference to the Establishment of a Homœopathic Dispensary in the City of Albany.

At a meeting of the Society, held February 4, 1865, Drs. L. M. Pratt, H. D. Paine, and E. D. Jones were appointed a committee to consider the expediency of establishing a Homœopathic Dispensary in the city of Albany, to report at the next meeting of the Society.

At a meeting of the Society, held February 25, 1865, the committee appointed to determine the feasibility of the formation of a Homœopathic Dispensary, presented a report recommending that steps be immediately taken toward the establishment of such an institution.

The committee were accordingly instructed to make an estimate of expenses, designate a suitable locality and suggest a plan of operations.

At a meeting held March 18, the committee presented the following circular for distribution among a few of the friends of homœopathy in this city:

PROPOSAL FOR A HOMŒOPATHIC DISPENSARY.

The increasing desire for homœopathic treatment among the poorer classes of this city, seems to call for a corresponding effort on the part of the more favored and benevolent public, to make the advantages of that mode of practice more generally available than is possible under existing arrangements. Formerly, it was much the case, that homœopathy found its adherents only among the educated, intelligent, and well to do part of the community; but observation and experience of its benign effects have gradually overcome the prejudices of the poor and ignorant in favor of the "heroic" treatment to which they have been accustomed; and as a consequence, the services of the homœopathic practitioners are now frequently sought for, and gratefully received by them.

Homœopathic physicians are no less willing than others to answer these increasing demands upon their time and labor, but it is for the most part impossible for them to do so to the extent that is desirable, without serious detriment and inconvenience to their ordinary business.

In order to overcome this difficulty—to extend the benefits of the treatment more widely, and at the same time to enable the non-medical public

to assume a share in the charity, it is proposed to establish in this city a public dispensary, at which, during certain hours of every day, advice and medicine may be obtained by those who are unable to pay for them. The physicians are themselves willing and ready to give their services gratuitously, if their charitable patrons and friends will contribute the moderate pecuniary resources to sustain the institution. It is evident that by such an organization of effort, much more good can be accomplished than without it.

The undersigned have been appointed a committee by their colleagues of the profession in Albany to arrange a plan for such an institution, and to solicit the co-operation of the benevolent, and especially of the friends of homœopathy, in establishing and supporting it.

If all those in this city who have experienced, or witnessed the advantages of homœopathic treatment will contribute even a small sum for the purpose, there will be no difficulty in establishing and supporting a dispensary of such a grade as will meet the present requirements. It is believed that a sufficient amount can be secured by subscriptions, not exceeding ten dollars each, from those who may be expected to take an interest in the undertaking.

Those who are so disposed, are respectfully requested to inclose their subscriptions in the accompanying envelope, and send them to either of the undersigned, as early as may be convenient. The subscriptions are not to be collected until a sufficient sum is secured, and a treasurer regularly appointed by the subscribers, at a meeting to be called for the purpose of effecting a permanent organization.

At a meeting held June 20, the committee reported that a sum equivalent to about five hundred dollars had been subscribed in response to the circular. This sum was considered scarcely sufficient to meet necessary expenses for one year, and it was accordingly, at first, proposed to increase the amount somewhat by more direct personal effort, or by bringing the subject to the notice of a larger number of the friends of the homœopathic system by giving it greater publicity; but, on further consideration, owing chiefly to the lateness of the season and the difficulty of obtaining suitable rooms in an eligible location, it was proposed to suspend further action temporarily.

ARTICLE XXIV.

Report on Materia Medica. Importance of an Extensive and Uniform System of Drug Proving. By HORACE M. PAINE, M. D., of Albany.

One of the essential principles of homœopathy is the instituting of thorough and reliable provings of drugs by healthy persons; we need not therefore allude to its necessity or importance, or advocate such a procedure. It is doubtless conceded that the great work of the homœopathic profession of the present day is to obtain, as far as may be, a complete pathogenesis of every known medicinal substance, by the collection of which in future years there may be prepared a perfect materia medica.

With this great work in view it is a source of encouragement to know, that the morbid effects of drugs upon the human system are essentially the

same in all places and in all ages. The comparatively recent provings of helleborus-niger by Hahnemann reveal precisely the same symptomatic aberrations that resulted from its administration by Hippocrates and his disciples. It follows therefore, that a perfect and useful materia medica must be based upon exhaustive and complete provings. Each remedy must be proved and re-proved until no new symptoms are produced. Then, and not till then, can the work, as far as performed, be considered finished and completed.

What a mass of unimportant symptoms have been incorporated into the works in use at the present day! So unsatisfactory is the study of the pathogenesis of many remedies now in frequent use, that probably many of us are obliged to depend upon our own experience rather than the published record, though this, imperfect as it is, forms a basis of our experience. Is this multitude of symptoms to be transmitted without change or improvement to posterity? Having received almost from Hahnemann's own hand the best materia medica that has ever been given to the world, though necessarily imperfect and incomplete, are we to deliver it to succeeding generations without alteration or amendment? Obviously improvements can and ought to be made. Let us, as homœopathists, consider well the most direct and speedy methods of accomplishing them.

We believe a great improvement would be made could a combination of effort be secured upon *one drug at a time.*

The proving of a drug by a single person is insufficient to establish its character. In order to ascertain its true therapeutic powers the observations of many individuals must be compared. Only when the results are contrasted, verified, and reduced to a system, can its worth and power as a remedy be determined or affirmed. Provings only become valuable by confirmation; hence the necessity of repeating them many times, and in every variety of condition and circumstance, in order finally to separate the essential from the accidental symptoms. On this point we quote a few sentences from an address delivered at the late meeting of the New York State Homœopathic Medical Society, by Dr. W. H. Watson, of Utica:

"If Hahnemann had done nothing else he would be entitled to the lasting gratitude of mankind, for his suggestions in regard to acquiring a knowledge of the medicinal powers of drugs, by proving them on the healthy subject. This is, *par excellence*, the glorious mission of the homœopathic physician. While our allopathic brethren, under the guidance of Rokitansky and his colleagues, are rendering great service to the world by elucidating the effects of disease upon the system, through their researches in the domain of pathology; to us belongs the greater honor of discovering and accurately applying those remedies which will relieve the diseased conditions brought to light by the knife of the pathologist. It is only by large numbers of persons that reliable provings of drugs can be carried on. The constant symptoms obtained by hundreds of individuals from the administration of the same drug, must necessarily be its characteristic symptoms, whereas many of the symptoms obtained by a single prover might be purely imaginary, or the result of some accidental cause, and have no relation of cause and effect to the drug which had been adminstered. There is obviously no standard by which to correct errors

from this source; but when an hundred persons in good health are affected in a certain manner after taking a particular drug, the conclusion is irresistable, that the symptoms thus produced are the effects of the drug which had been administered."

Hahnemann informs us, that "it is only by repeated observations made upon *a great number of individuals* of both sexes, properly selected for the purpose from among a variety of constitutions, that we can acquire a pretty accurate knowledge of the whole of the morbid effects that a medicine is capable of producing."

These are the words of the founder of our system. Are we at the present time carrying out his instructions? Are the provings of our day performed by "*a great number of individuals?*" Are there five hundred, or one hundred, or even fifty persons, engaged at the present time upon any one particular drug? There are upwards of three thousand homœopathic physicians on this continent. How many of this vast number have, during the past year, made a careful proving of any drug upon themselves? We venture to say, not one hundred, perhaps not fifty. If the latter number, no one will deem us guilty of disparagement, when we affirm that the self-sacrificing labors of these fifty persons have availed little towards accomplishing the great work which devolves upon us as homœopathists. Very little real progress has been made, because the inceptive labor of commencing a large number of drugs has been performed, while a small part only has been completed. If these fifty persons have been engaged in developing the pathogenesis of as many different drugs, a long time will necessarily elapse before the results of their labors can be made available in practice, whereas if they had united their labors upon one of those remedies, it would in comparatively a short period of time have been completed, real progress would have been made, and the remedy have become immediately and permanently useful.

The plan we propose is, therefore, to establish some method of co-operation that will unite the labors of all the provers on this continent, for a definite time, upon one drug. Let all who are willing to engage in this truly profitable and enduring labor prove one drug at the same time. Let trials of one drug *only* be made during the remaining months of this year; and if at the close of the year, the provings are still incomplete, let it be continued for a longer period, until in the judgment of those appointed to superintend this movement, the drug shall have been fairly tested; then, and not till then, let another be selected. Thus uniformity and concert of action, and thorough and speedy discovery of the therapeutic powers of drugs will be attained, and that which now requires eight or ten years to perform, will be accomplished just as well in one or two.

In conclusion, the committee would simply allude to the peculiar adaptation of this continent to labors of this kind. It is inhabited by one race, speaking the same language, having every facility for frequent and rapid communication, and presenting every variety of locality, climate, temperature, and hygrometric conditions of the atmosphere.

And further, that the American Institute of Homœopathy, in being national in extent and influence, is eminently fitted to give direction, uniformity and efficiency to this most important work.

BROOME COUNTY HOMŒOPATHIC MED. SOCIETY.

25. List of Officers, Delegates and Members, 1864-65.
26. Allopathy *versus* Homœopathy in Broome County. Proceedings of a Special Meeting of the Broome County Homœopathic Medical Society. By T. L. BROWN, M. D., of Binghamton.
27. Comparative Mortality Statistics, showing the success of the Homœopathic System of Practice. By T. L. BROWN, M. D., of Binghamton.

ARTICLE XXV.

List of Officers, Delegates and Members, 1865.

OFFICERS ELECTED OCTOBER 18, 1864.

Dr. Stephen D. Hand, Binghamton, President.
H. C. Champlin, Owego, Vice-President.
Titus L. Brown, Binghamton, Secretary and Treasurer.

CENSORS.

Dr. Ira W. Peabody, Binghamton, Broome county.
Titus L. Brown, do do
William C. Doane, do do
J. D. Vail, Montrose, Pennsylvania.

DELEGATE TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Titus L. Brown.

HONORARY MEMBERS.

Dr. William C. Doane, Washington, D. C.
H. C. Champlin, do do

MEMBERS.

Dr. Stephen D. Hand	Binghamton,	Broome	County.
Titus L. Brown.....	do	do	do
Ira W. Peabody.....	do	do	do
Henry S. Sloan	do	do	do
George F. Hand	do	do	do
Theodore P. Knapp	Union,	do	do
E. B. Nash.....	Triangle,	do	do
Stoddard Pratt	Centre Lisle,	do	do
J. D. Vail.....	Montrose,	Pennsylvania.	

The annual meeting is held on the third Tuesday of October; the semi-annual on the third Tuesday of June.

ARTICLE XXVI.

Allopathy *versus* Homœopathy in Broome County. By T. L. BROWN, M. D., of Binghamton, N. Y

The homœopathic system of practice, within the past fifteen years has been adopted by a large proportion of the intelligent and wealthy classes

in this community. The steady growth and increasing influence of this reform in medicine, evidently has occasioned considerable alarm on the part of the allopathic "regulars" in this county. They doubtless feel the necessity for putting forth greater efforts to strengthen their cause, and in a measure at least check the progress of the homœopathic school.

The following report of the proceedings of the Broome County Allopathic Medical Society, recently held in this village, indicates the presence of a disease called "*veriphobia medicorum*" (fear of medical truth).

A *Gay* and indiscreet member of the Society here presents, doubtless for the benefit of his self-styled "regular" brethren, in the form of a series of resolutions, a graphic and truthful description of this prevalent malady.

PROCEEDINGS OF THE BROOME COUNTY ALLOPATHIC MEDICAL SOCIETY.

The annual meeting of the Society was held at the office of Dr. Griswold, on the 11th instant, at 1 P. M., and was called to order by the Vice President, Dr. William Bassett.

Drs. Griswold, Crafts and Brooks were appointed committee on credentials. They reported the names of Dr. S. H. French, 2d, of Lisle, Drs. Carlton R. Heaton, of Maine, Dr. Gregory Doyle, of Binghamton, and Dr. Samuel B. Foster, of Vestal, as eligible for membership.

They were, by a vote of the Society, elected members.

The treasurer's report was offered by Dr. J. G. Orton, and on motion approved by the Society.

Dr. Orton presented a patient suffering under chronic hydrocephalus; the case was examined by the members and discussed in consultation.

The election of officers being next in order, resulted as follows:

President—Dr. William Bassett.

Vice President—Dr. S. H. French.

Secretary—Dr. John Gay Orton.

Treasurer—Dr. E. G. Crafts.

Censors—Drs. J. G. Orton, S. G. Crafts, Wm. Bassett, P. B. Brooks and W. S. Griswold.

Delegate to State Medical Society—Dr. W. S. Griswold. *Substitute*—Dr. E. G. Crafts.

Delegates to the American Medical Association—Drs. C. R. Heaton and Wm. Bassett.

EVENING SESSION.

7 o'clock.

Dr. P. B. Brooks presented a paper on strumous diseases of the alimentary canal, the symptoms and pathological indications.

Dr. E. J. Ford, U. S. A., was elected President *pro tem.*, and gave the Society some interesting facts connected with the treatment of diseases peculiar to hospital practice in Nashville, Tennessee.

The case presented by Dr. Orton was taken up and discussed by all of the members present.

The following preamble and resolutions were unanimously adopted.

Whereas, by enactments of the Legislature of this State, the county medical societies, as auxiliary to the State Society, are made the legal

representatives and guardians of the interests of the regular medical profession of their localities; therefore,

Resolved, That it is the duty of every regular practitioner of medicine and surgery in this county (as distinguished from the various followers of quackery as homœopathy, hydropathy, eclecticism, &c.,) to become a member of this Society and to participate in its proceedings.

Resolved, That notice is hereby given that every regular practitioner of medicine and surgery in this county, must present himself or forward his credentials to the secretary during the next semi-annual meeting to be held in this place on the 8th day of November, 1865, and in fault of fulfilling this obligation, shall forfeit all claims to professional recognition.

Resolved, That a correct list of members of this Society shall be published in connection with the proceedings of its meetings.

Adjourned. JOHN GAY ORTON, *Secretary*

A few days after the above proceedings were published in the Binghamton Daily Republican, the following suggestion to the farmers of Broome county appeared in the same paper.

A Suggestion to the Farmers of Broome County.

It is thought best by a few of the regular farmers who are opposed to the improvements in farming implements and the better methods of cultivating the soil, that at their next annual meeting they adopt the following preamble and resolutions:

Whereas, By enactment of the Legislature of this State, the county farmers' societies as auxiliary to the State Society, are made the legal representatives and guardians of the regular farming interests of their localities; therefore,

Resolved, That it is the duty of every regular farmer (as distinguished from the various followers of new improvements in farming, and who dare to use a new mowing machine, &c.,) to become a member of our Society, and do all he can to prevent reforms in agriculture so detrimental to our interests.

Resolved, That notice is hereby given that every regular farmer in the county must present himself or forward his opinions of said injurious improvement to the Secretary, before the next meeting, and in default of fulfilling this obligation shall forfeit all claims to a thorough knowledge of farming, or be recognized by us as having authority to decide agricultural questions.

Resolved, That unless the above resolutions are adopted by the Society, we fear our produce will not sell, and our old plows or scythes cannot be used with as much dignity and effect as formerly. Even now, we very unwillingly acknowledge that the good people have as greatly fallen into quackery in farming as in medicine. We have long felt that something should be done to arrest such reforms.

Resolved, That we believe by shutting our eyes and ears and refusing to recognize such farming quacks, the public will be induced to leave them and sustain us in the legal use of our old implements.

By order of the Secretary. GAY JOHN.

Homœopathic Medical Society of Broome County.

A special meeting of the Homœopathic Medical Society of Broome County was held at the office of Dr. I. W. Peabody, in Binghamton, Jan. 24, 1865.

The meeting was called to order at 3 o'clock P. M. by the President of the Society, Dr. S. D. Hand.

On motion, the following physicians were elected members of the Society: Dr. H. S. Sloan, Dr. George F. Hand and Dr. E. B. Nash.

The following resolutions were then read and adopted:

Whereas, At a recent meeting of the Broome County Allopathic Medical Society, the following preamble and resolution were adopted:

"*Whereas*, By enactments of the Legislature of this State the county medical societies, as auxiliary to the State Society, are made the legal representatives and guardians of the interests of the regular medical profession of their localities.

"*Resolved*, That it is the duty of every regular practititioner of medicine and surgery (as distinguished from the various followers of quackery, as homœopathy, &c)."

Whereas, The authors of the foregoing preamble and resolution unjustly claim the exclusive right to the exercise of certain prerogatives, and evidently designed to place the relative legal standing of the two rival schools of medicine in a false and improper light, thus publicly exhibiting the intolerance and illiberality of that class styling themselves "regular practitioners" by their unprofessional and discourteous hostility to the adherents of the homœopathic school; and

Whereas, The evidence that this spirit pervades the whole school is abundantly exhibited:

1st. By refusing to fraternize with reputable homœopathic practitioners, while the standing of both schools is based upon an *entire legal equality*.

2d. By a willful suppression and misrepresentation of facts which clearly show the superiority of homœopathic treatment in public as well as in private practice.

3d. By a most glaring, unjustifiable and illegal assumption of power in excluding their regular professional brethren of the homœopathic school from positions of trust in the public charities, and in the medical department of the army; therefore

Resolved, That the allopathic school, while guilty of a gross injustice to a large, respectable and increasingly influential portion of the *regular* medical profession, solely on account of a difference of opinion respecting the theory and practice of medicine, cannot expect to retain the undiminished confidence of an impartial and discriminating public.

Resolved, That as homœopathic physicians we will endeavor to maintain the honor and dignity of the legally recognized regular medical profession, believing it to be the duty of all its members to discourage internecine strife and jealousies, and to mutually labor to increase the common store of knowledge in all the departments of medical science.

Resolved, That while intending ever to maintain a dignified and courteous bearing toward our allopathic opponents; and while designing to avoid the assumption of a vindictive or censorious attitude toward them, the continued evidence of their secret and open hostility clearly indicates to us the greatly increased importance of union of purpose and concerted action in reference to all honorable measures, having for their object the prosperity of the homœopathic school, and the diffusion of the fundamental truths in medicine, which it represents.

Resolved, That we hereby pledge ourselves to do all in our power to secure an equitable proportion of the public appointments now withheld by the legal assumption of arbitrary power on the part of the so-called "regular practitioners" of the old school.

Resolved, That inasmuch as homœopathy differs from allopathy solely in the quantity of the dose, and in a more scientific application of remedial

agents, in accordance with natural laws; and as the claims of the former to superiority in the treatment of all forms of curable diseases are well established in hospital and dispensary, as well as private practice, therefore the present position of our opponents not only reflects discredit upon themselves, but will ultimately prove advantageous to the cause they evidently desire to weaken, and the class of the regular profession whose influence they fear and whose prosperity they wish to arrest.

Resolved, That the frequent conversion of the self-styled "regular" practitioners from allopathy to homœopathy, while the converse rarely occurs, and, the fact that no homœopathic physician has been known to renounce the practice of his profession in disgust because he was "tired of guessing," are clearly traceable to a prevalent feeling of distrust of the remedial agents employed by the allopathic school, and, also, afford strong presumptive evidence in support of the claims of the homœopathic school, to a superior scientific status.

Resolved, That the extreme sensitiveness of the allopathic fraternity to the encroachments of their homœopathic rivals, and the large and constantly increasing practice which the latter usually enjoy, alike testify to the superiority of the homœopathic system, and its appreciation and adoption by the most intelligent class in every community in which it is faithfully represented.

Whereas, County medical societies, as auxiliary to the State Medical Society, are designed to promote the advancement of medical science; and for this purpose only by enactments of the Legislature, are made the representatives and guardians of the interests of the medical profession in their respective localities; and,

Whereas, The number and influence of county medical societies indicate in a measure the extent and progress of the homœopathic school in this State; and,

Whereas, The usefulness of the State Homœopathic Medical Society depends upon, and is augmented in proportion to, the number of delegates from these associations; therefore,

Resolved, That the organization of county homœopathic medical societies, wherever practicable, in all the counties in this State, is extremely desirable, and should engage the immediate attention of the regular homœopathic medical profession in all the counties in which societies have not been organized.

The Society then adjourned to meet on the third Tuesday in June, 1865.

T. L. BROWN, *Secretary*.

The next day after the above proceedings were published in the Daily Republican, the following note to the editor appeared:

"Mr. EDITOR—The proceedings of the "Homœopathic Medical Society of Broome County," as published in your paper of yesterday, have come under my notice. I am sorry that I cannot entirely approve of them. The matter is perhaps sufficiently *diluted*, but the dose is altogether too large—in fact it is quite "allopathic" in its quantity. One "whereas" given one month, alternating with a "resolution" the next, would be more in accordance with my system. I regret to see the great law of Nature, which I have laid down, departed from.

"HAHNEMANN."

Then in answer appeared the following:

"Mr. EDITOR—Your allopathic "Hahnemann," of yesterday, who has been using homœopathic remedies in diphtheria so successfully during the last four years, is a little disturbed by a large dose. He should not so

soon forget that large allopathic doses kill, and small homœopathic ones cure.

"The assumed *Dignity* of October seems to flutter with the old argument ridicule when it meets the *convincing medical truth* of January.

"PHYSICIAN."

ARTICLE XXVII.

Comparative Mortality Statistics, showing the Success of the Homœopathic System of Practice. By T. L. BROWN, M. D., of Binghamton.

Having noticed an article published in the Transactions of the Allopathic State Medical Society for 1864, page 261, in which a statement is made well calculated to produce an erroneous impression respecting the success of the homœopathic system of practice, I concluded to ascertain all the facts within reach for the purpose of presenting as full and reliable a statement as it is practicable to obtain; also to throw at least one ray of light upon an interesting and important subject.

In Broome county there are three persons engaged in the business of undertaking. One of the three persons, Mr. Joseph S. Frear, recorded during the years 1862, 63 and 64, the cause of death and the method of treatment employed in each case that came under his observation in connection with his regular business.

I have selected from his record the following cases as best illustrating the success and superiority of homœopathic treatment in a few of the severest forms of disease which have prevailed in this locality.

			Per cent.
	DURING THE YEAR 1862.		
Diphtheria.	Number of deaths under allopathic treatment...	30	81.2
do	do do homœopathic do	7	18.8
	DURING THE YEAR 1863.		
do	Number of deaths under allopathic treatment....	44	78.5
do	do do homœopathic do	12	21.4
	DURING THE YEAR 1864.		
do	Number of deaths under allopathic treatment....	10	90.9
do	do do homœopathic do	1	09.1
	TOTAL DURING 1862, 63 AND 64.		
do	Number of deaths under allopathic treatment....	84	83.6
do	do do homœopathic do	20	16.4
	DURING 1862, 63 AND 64.		
Pneumonia.	Number of deaths under allopathic treatment..	22	91.6
do	do do homœopathic do ..	2	08.4
Dysentery.	Number of deaths under allopathic treatment...	32	78.0
do	do do homœopathic do ...	9	22.0
Croup.	Number of deaths under allopathic treatment.....	11	78.5
do	do do homœopathic do	3	21.5

			Per cent
Total number of deaths from all diseases.....		670	
do	under allopathic treatment.....	496	74.0
do	under homœopathic do	106	15.8
do	without medical do	68	10.2

This testimony would prove far more important and conclusive had the statement embraced the whole number of cases under treatment by the practitioners of both methods of practice. When we remember, however, that a very large proportion if not a decided majority of the whole number of cases of disease occurring in this locality are treated homœopathically, it is fair to conclude that these data indicate in a measure the success and superiority of the homœopathic practice. Assuming that the whole number of cases under treatment were equally divided between the adherents of the two rival schools, this fragmentary record indicates a comparative rate of mortality as follows : Under homœopathic treatment about *sixteen* per cent, and under allopathic treatment *seventy-four* per cent.

It is alleged by the patrons of homœopathy that their system of practice diminishes the mortality of all curable diseases *twenty* to *thirty* per cent, and we believe this statement will be sustained by further observation whenever and wherever faithfully tested. Should the results of observation strengthen and confirm this statement, or if it shall be discovered that five or even two per cent of life can be saved by any one method of treatment over every other, the fact should be well established by abundant and incontrovertible statistical evidence.

CAYUGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Article 28. List of Officers, Delegates, Committees and Members, 1864–65.
29. Report of the Cayuga County Homœopathic Medical Society, comprising
A. Proceedings of the Fifth Annual Meeting, held June 22, 1864.
B. Proceedings of a Quarterly Meeting, held September 13, 1864.
C Proceedings of the Sixth Annual Meeting, held June 13, 1865. By the Secretary, C. W. Boyce, M. D., of Auburn.
30. Introduction and Progress of Homœopathy in Cayuga County. By H. Robinson, Sen., M. D., of Auburn.*
31. Enlargement of the Materia Medica. A Report by H. Barton Fellows, M. D., of Sennett.
32. Report on Materia Medica. Proving of Lachesis. By H. Barton Fellows, M. D., of Sennett.*
33. Report on Materia Medica. Poisoning by Phosphorus. By E. R. Heath, M. D., of Palmyra.*
34. Report on Clinical Medicine. Case of Pterygium crassum. By Carroll Dunham, M. D., of New York.*
35. Report on Clinical Medicine. Cases of Uterine Catarrh. By C. W. Boyce, M. D., of Auburn.*
36. Report on Clinical Medicine. Catarrh. By C. W. Boyce, M. D., of Auburn.*
37. Report on Clinical Medicine. Cases from Practice. By A. Judson Brewster, M. D., of Cato.
38. Report on Clinical Medicine. Cases from Practice. By C. E. Swift, M. D., of Auburn.
39. Report on Clinical Medicine. Case of Anasarca. By H. Robinson, Sen., of Auburn.*
40. Report on Clinical Medicine. Case of Phlebitis. y H. Robinson, Jr., of Auburn.*
41. Report on Clinical Medicine. Case of Chronic Epididymitis. By Henry D. Paine, M. D., of New York.

ARTICLE XXVIII.

List of Officers, Delegates, Committees and Members, 1864–65.

OFFICERS ELECTED JUNE 22, 1864.

Dr. H. Robinson, Sen., Auburn, President.
A. J. Brewster, Cato, Vice-President.
C. William Boyce, Secretary and Treasurer.

CENSORS.

Dr. C. E. Swift, of Auburn, Cayuga county.
H. Robinson, Jr., do do
D. O. K. Strong, Owasco, do
Wm. R. Gorton, Skaneateles, Onondaga county.

* American Homœopathic Review.

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. H. Robinson, Sen., Dr. A. J. Brewster.

ALTERNATES.

Dr. H. Robinson, Jr., Dr. H. Barton Fellows.

Delegates to the Onondaga County Homœopathic Medical Society.

Dr. H. Robinson, Sen., Dr. C. E. Swift, Dr. E. P. K. Smith.

Delegates to the Oneida County Homœopathic Medical Society.

Dr. H. Robinson, Jr., Dr. W. M. Gwynn, Dr. A. J. Brewster.

Delegates to the Wayne County Homœopathic Medical Society.

Dr. Wm. M. Gwynn, Dr. H. Barton Fellows, Dr. A. J. Brewster.

COMMITTEES.

Dr. H. Robinson, Sen., Theory and Practice.
H. Robinson, Jr., Special Pathology.
H. Barton Fellows, Materia Medica.
William R. Gorton, Surgery.
C. W. Boyce, Obstetrics.
W. M. Gwynn, Diseases Peculiar to Women.
A. J. Brewster, Diseases of Children.
C. E. Swift, Prevailing Epidemics.
D. O. K. Strong, E. P. K. Smith, P. H. Peterson, Clinical Medicine.

OFFICERS ELECTED JUNE 13, 1865.

Dr. C. E. Swift, Auburn, President.
H. Barton Fellows, Sennett, Vice-President.
C. Wm. Boyce, Auburn, Secretary and Treasurer.

CENSORS.

Dr. C. William Boyce, Auburn, Cayuga county.
H. Robinson, Jr., do do
A. J. Brewster, Cato, do
D. O. K. Strong, Owasco, do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. C. E. Swift, Dr. E. P. K. Smith.

Delegates to the Onondaga County Homœopathic Medical Society.

Dr. H. Robinson, Jr., Dr. A. J. Brewster, Dr. E. P. K. Smith.

Delegates to the Oneida County Homœopathic Medical Society.

Dr. C. W. Boyce, Dr. H. Barton Fellows, Dr. C. E. Swift.

Delegates to the Wayne County Homœopathic Medical Society.

Dr. H. Robinson, Jr., Dr. P. H. Peterson, Dr. Wm. M. Gwynn.

COMMITTEES.

Dr. H. Robinson, Sen., Theory and Practice.
H. Robinson, Jr., Special Pathology.
H. Barton Fellows, Materia Medica.
C. E. Swift, Surgery.
E. P. K. Smith, Obstetrics.

Dr. A. J. Brewster, Diseases Peculiar to Women.
Wm. M. Gwynn, Diseases of Children.
P. H. Peterson, Epidemics.
D. O. K. Strong, Intermittent Fever.
W. R. Gorton, Diphtheria.
C. W. Boyce, Diseases of the Respiratory Organs.

HONORARY MEMBERS.

Dr. Carroll Dunham	New York.
Henry M. Smith	do
Lyman Clary	Syracuse.
A. R. Morgan	do
H. M. Paine	Albany.
Bennard Fincke	Brooklyn.
T. N. Calkins	Auburn.
E. R. Heath	Palmyra.
H. H. Heath	Seneca Falls.
L. B. Wells	Utica.
Hon. T. M. Pomeroy	Auburn.
Hon. W. P. Robinson	do
Rev. D. K. Lee	New York.

MEMBERS.

Dr. H. Robinson	Auburn	Cayuga county.
H. Robinson, Jr.	do	do
C. W. Boyce	do	do
C. E. Swift	do	do
E. P. K. Smith	do	do
D. O. K. Strong	Owasco	do
A. J. Brewster	Cato	do
P. H. Peterson	Union Springs	do
H. Barton Fellows	Sennett	do
Wm. M. Gwynn	Throopsville	do
Wm. R. Gorton	Skaneateles	Onondaga co.

The annual meeting for the election of officers is held on the second Tuesday of June. Quarterly meetings on the second Tuesday of September, December, March, and June.

ARTICLE XXIX.

Report of the Cayuga County Homœopathic Medical Society, comprising:
A. Proceedings of the Fifth Annual Meeting, held June 22, 1864.
B. Proceedings of a Quarterly Meeting, held September 13, 1864.
C. Proceedings of the Sixth Annual Meeting, held June 13, 1865.
By the Secretary, C. William Boyce, M. D., of Auburn.

A.

Proceedings of the Fifth Annual Meeting.

The Society held its fifth annual session at the Universalist Church, in the city of Auburn, June 22d, 1864.

On calling the roll, the following gentlemen answered to their names:

Dr. H. Robinson, Auburn.
E. C. Swift, Auburn.
P. H. Peterson, Union Springs.
D. O. K. Strong, Owasco.
A. J. Brewster, Cato.
Dr. H. Robinson, jr., Auburn.
E. P. K. Smith, Auburn.
H. B. Fellows, Sennett.
Wm. M. Gwynn, Throopsville.
C. W. Boyce, Auburn.

HONORARY MEMBERS.

Dr. E. R. Heath, Palmyra.
Dr. H. H. Heath.
Carrol Dunham, New York city.

The following gentlemen were also present, and invited to take part in the exercises:

Dr. A. R. Morgan, Syracuse.
Dr. H. M. Paine, Clinton.
Dr. H. M. Smith, New York city.

The minutes of last meeting were read and approved.

The election of officers being declared in order, the following appointments were made:

Dr. H. Robinson, President.
A. J. Brewster, Vice-President.
C. W. Boyce, Secretary and Treasurer.

Dr. Robinson, jr., was elected Censor in place of Dr. Robinson, who resigned.

A committee was appointed to conduct the new president to the chair, who, in fulfilling this duty, made a neat and pleasant speech, which called out from the president a congratulatory address on his taking the chair.

Reports of special committees being in order, Dr. Boyce read his closing report on catarrh, which elicited a lengthened discussion from the members and others present.

Dr. Robinson read a paper on Kali hydrioticum in throat diseases.

The Rev. D. K. Lee, who had been invited to sit with the Society and deliver an address in the evening, was now introduced by the president.

Major J. M. Austin, being present, spoke on the want of homœopathic physicians in the army.

Major Austin stated that for many months past he has had almost constant opportunity to learn the wants of the soldier, especially in the army of the Potomac. He cheerfully communicated his testimony to the great desirableness of a different system of practice, especially in the hospital treatment. He believed the treatment of recent wounds received on the battle-field was often highly improper. While he had no disposition to speak disparagingly of the allopathic system of practice, which, when faithfully followed, was injurious, he would strongly recommend that continued efforts be made to secure the introduction of a better method. He suggested the importance of frequently and uninterruptedly petitioning Congress to grant a law that will allow each regiment to select its own surgeon. Perfect freedom ought to obtain in this respect as well as in the selection of a chaplain.

Remarks, substantially the same, were made by Rev. Mr. Lee, Dr. H. H. Heath, and Dr. H. Robinson, each relating briefly his own personal experience while acting as agents of the sanitary commission.

The Society having resumed its order of business, Dr. Swift related several cases of disease in children, successfully treated by him.

Dr. H. M. Smith reported progress in the effort now being made to establish a publishing aid society.

Dr. Dunham read a paper on "Pterygium crassum."

Dr. E. R. Heath read a paper on "Calendula in Erysipelas."

Dr. H. H. Heath reported a case of serious induration of the upper lip, cured by sepia 900.

Dr. Robinson read a communication from Dr. Fincke, of Brooklyn, on "New Terms Relative to Homœopathic Nomenclature," which was referred to a committee consisting of Drs. Boyce, Swift and Robinson.

EVENING SESSION.

The Society reassembled at 7 o'clock P. M.

Dr. Morgan read a paper on "Skin Diseases."

The appointed hour having arrived, Rev. D. H. Lee delivered an able and interesting address, showing the view taken by outsiders of our system and practice.

Dr. Clary reviewed some points of Mr. Lee's address.

Dr. Dunham delivered an address which was all his many admirers could desire.

Mr. Lee and Dr. Dunham were requested to write out their addresses for preservation in the archives of the Society.

Dr. Robinson read a historical sketch on the rise and progress of homœopathy in Cayuga county, which was requested for publication.

The following gentlemen were elected honorary members:

Rev. D. K. Lee, Auburn. Dr. A. R. Morgan, Syracuse.
Hon. T. M. Pomeroy, Detroit, Mich. L. Clary, Syracuse.
Hon. W. P. Robinson, Auburn. H. M. Paine, Albany.
Dr. H. M. Smith, New York city.

Votes of thanks were tendered to Rev. D. K. Lee, for his excellent address; to the Universalist Society, for the use of their church; to Hon. T. M. Pomeroy, for valuable public documents; to Hon. W. P. Robinson for services rendered, and to Dr. Robinson, for his hospitality.

Communications were read from

Dr. H. D. Paine, of Albany, a report of a clinical case.

Dr. A. D. Lippe, of Philadelphia, a report of clinical cases.

Drs. Wells, Fincke and Richardson, of Brooklyn.

Dr. Sweeting, of South Butler, a telegram.

Dr. Dunham, read, by request, a paper on "Spasm of the Larynx."

On motion, a committee was appointed to act in connection with the Massachusetts Homœopathic Medical Society in regard to the introduction of homœopathy into the army of the United States.

The following gentlemen were appointed:

Delegates to the Onondaga County Homœopathic Medical Society.

Dr. H. Robinson, Dr. E. C. Swift, Dr. E. P. H. Smith.

Delegates to the Oneida County Homœopathic Medical Society.

Dr. H. Robinson, Jr., Dr. W. M. Gwynn, Dr. A. J. Brewster.

Delegates to the Wayne County Homœopathic Medical Society.

Dr. H. B. Fellows, Dr. W. M Gwynn, Dr. A. J. Brewster.

On motion, committees for the year were appointed, after which the Society adjourned at 11 o'clock, p. m., to meet on the second Tuesday of September, 1864.

B.

PROCEEDINGS OF THE QUARTERLY MEETING.

The quarterly meeting of this Society was held at the office of Drs. Robinson and Boyce, in the city of Auburn, September 13, 1864.

On calling the roll, the following members were found to be present:

Dr. H. Robinson, of Auburn.	Dr. H. Robinson, jr., of Auburn.
C. W. Boyce, do	H. B. Fellows, of Sennett.
W. M. Gwynn, Throopsville,	P. H. Peterson, Union Springs.

The minutes of the last meeting were read and approved.

The printing committee reported they had money to pay for the publication of the by-laws and reports, but as there is a prospect that paper will soon be cheaper, they thought best to report progress and ask for further time, which was granted.

Dr. Robinson. For the committee on the theory and practice of medicine, gave a synopsis of a paper on "Dysentery," which he had been unable to complete in time for this meeting.

Dr. Robinson, jr., reported on "Special Therapeutics."

Dr. Fellows read a paper on "Materia Medica," also a proving of phytolacca decandra, showing its effects upon the system and especially the throat; also a proving of lachesis.

A valuable proving of phosphorus, by Dr. E. R. Heath, of Palmyra, was read. The symptoms indicate its utility in dysentery, with typhoid complications.

On motion, Dr. Heath was requested to send a copy to the American Homœopathic Review for publication.

Dr. Boyce, from the committee on obstetrics, reported on the subject of induced abortion, giving statistics showing its terrible effects upon the system, both physically and morally.

Dr. Peterson, from the committee on voluntary communications, reported a case of rheumatic ophthalmia, cured by veratrum viride and macrotine.

Dr. Robinson detailed a case of cholera morbus, in which none of the ordinary remedies afforded any relief, but which was promptly cured by the tincture of aconite.

Dr Peterson read a paper on the "Treatment of Catarrh."

A paper from Dr. H. M. Smith, of New York, on the "Alternation of Remedies," was read, and on motion, he was requested to allow it to be published.

Two papers from Dr. Lodge, of Detroit, were read, and on motion, he was requested to publish them in the Observer.

A letter was read from Dr. Colby, of Concord, N. H., giving his experience with cold water in curing disease, and affirming his unbounded con-

fidence in its use. The Society expressed its thanks for the information, and also sympathy for Dr. Colby, who has worn himself out in the arduous labors of his profession

On motion, the Society adjourned to the second Tuesday in December, 1864.

C.

Proceedings of the Sixth Annual Meeting.

The sixth annual meeting was held at the office of Robinson and Boyce, in Auburn, June 13, 1865. Present nearly all the members.

Dr. Fellows reported on materia medica, and presented a proving of phytolacca decandra.

Dr. Boyce read a paper on "Headache," and gave the symptoms in comparison of natrum mur., silicia, bryonia and nux vomica.

Dr. Peterson detailed several cases which were cured by veratrum viride. The Doctor believes in the efficacy of new medicines.

On motion, Dr. Peterson was requested to send his paper for publication. He consented, and will send it to the Homœopathic Observer, published at Detroit.

Dr. Swift reported on "Cutaneous Diseases."

Dr. Fellows gave his experience with sulphur.

Dr. Brewster reported on "Diseases of Children," which, on motion of the society, he consented to send to the journals for publication.

Dr. Boyce reported a case of purpurea hemorrhagica cured by phosphorus 200, which was requested for publication. He had already sent a copy of the case to the Homœopathic Review of New York for that purpose.

The resolutions of the Allopathic County Society passed at a meeting held some months since, in which the practitioners of medicine who had dared to advance in their science, were designated as having "a single principle in medicine," a committee was appointed to take into consideration the matter, and if thought best to report thereon.

Drs. Robinson, Jr., Peterson and Fellows were appointed the committee.

The election of officers being in order, Dr. Swift was elected president, Dr. Fellows, vice president, Dr. Boyce, secretary and treasurer; Drs. Boyce, Brewster, Robinson, Jr., and Strong, censors; Drs. Swift and Smith, delegates to the State Society, with power to substitute. Delegates to the Onondaga County Society, Drs. Robinson, Jr., Brewster and Smith; to Oneida county, Drs. Boyce, Fellows and Swift; to the Wayne County Society, Robinson, Peterson and Gwynn, with power to substitute.

The President appointed the usual medical committees. On motion, the Society adjourned to meet July 12, 1865, to complete the business before it.

July 12, 1865.

The meeting was called to order. Present, Dr. A. R. Morgan, Dr. Belden, of Syracuse, and Dr. Adams, of the U. S. army.

The Secretary read a paper from Dr. C. Dunham, of New York, in regard to a proposed sixth edition of the Organon, by Samuel Hahnemann, M. D., by A. Lutze, of Germany, with a protest signed by several German physicians against it, together with Dr. Dunham's remarks on the subject.

Dr. Peterson was appointed a committee to present a report at this session of the society.

Dr. A. R. Morgan read a paper entitled "A Glance at the Trials and Dangers which Beset us." The paper was requested for publication.

The subject for discussion being called up (Cerebro-spinal Meningitis), Dr. Robinson, Jr., related in detail a case of this disease, which he treated successfully with nux vomica 200; the principal characteristic of which was a bending back of the patient so that the head and heels nearly touched, and during the whole course of the disease the least touch was followed by agitation and tendency to spasms.

Dr. Morgan stated that in an epidemic which was very fatal in the vicinity of Batavia, no cases died who took cicuta virosa.

Dr. Boyce stated that in cases under his observation, crotalus had produced a marked effect.

Dr. Fellows had cured a case in which the lower jaw had dropped, the mouth had become very dry, and the child called constantly for the mother to lie down with it. The cry was continued after the mother had lain down. Sulphur was the remedy used.

Dr. Gwynn had a case in which belladonna had exerted a beneficial effect at first.

Dr. Peterson had cured a case with veratrum viride.

A general discussion followed, having reference to this disease and its relation to typhus fever.

Dr. Peterson reported the following:

Whereas, Arthur Lutze, of Cœthen, Germany, has undertaken to publish a sixth edition of Hahnemann's Organon, which contains some things not taught by Hahnemann, and omits other things which are contained in said Organon, and which are most important in defining the principles and true science of Homœopathy, therefore

Resolved, That we protest most emphatically against the least alteration of the text of the Organon of Samuel Hahnemann as left us by himself.

The report was accepted and the resolution adopted.

Dr. Robinson, Jr., from the committee on resolutions, referring to the Allopathic Society, reported the following:

Whereas, The Legislature of the State of New York has recognized the claims of the homœopathic system of medicine, by conferring upon its practitioners the same privileges as to establishing colleges, organizing local medical societies, and all other privileges accorded to those of the old school practice, and

Whereas, The Cayuga County Allopathic Medical Society, at its session, January 11, 1865, adopted and published a resolution containing the following language: "And furthermore, we agree to do all in our power to sustain the honor and integrity of the profession, and to that end we consider a regular medical education and a continuance in the exercise of its principles and doctrines, the only basis of professional intercourse, and we will decline meeting in consultation with any practitioners whose practice is founded on a *single* principle of medicine, or with those whose practice is wholly founded upon error," therefore

Resolved, That we consider the regular medical education taught at homœopathic colleges, which embraces all that is taught in the allopathic colleges, with the addition of the principles of homœopathy, as possessing

a decided advantage over the restricted course of study pursued in the latter.

Resolved, That the Pharisaical determination embodied in their resolution, to meet none but members of their own school in consultation, is equalled only, as far as this society is concerned, by the fable of the fox and grapes, as the only member of that society whom we have called, is universally conceded to be beyond their comprehension in the attainments of his profession, and who strongly argued and alone voted against the adoption of the resolution.

Resolved, That we concur with the more enlightened of the old school profession, in regarding the use of cordials and similar preparations usually denominated "quack medicines," as suited only to those who are beyond the pale of civilized practice, and that in mercy to afflicted humanity we continue our strenuous opposition to their use.

Resolved, That Lansing Briggs, M. D., of this city, whose skill is the result of study in the best schools of Europe as well as America, for his dignified and manly professional courtesy in his intercourse with the members of this Society, and his rare accomplishments as a physician, and skill as a surgeon, and his urbanity as a gentleman, be elected an honorary member of this Society.

In discussing these resolutions, Dr. Robinson, jr., remarked that it ill became a society to prate of a "continuance of regularity," one of whose chief officers is, and has been, a vender of "quack medicines" for more than twenty years.

The resolutions were adopted.

There being no further business, the Society adjourned to the second Tuesday of September, 1865. C. W. BOYCE, *Sec'y.*

ARTICLE XXX.

Introduction and Progress of Homœopathy in Cayuga County. By H. Robinson, sr., M. D., of Auburn.

Thirty-eight years ago Dr. Gram from Germany, first introduced the system of homœopathic treatment of diseases in this country, in the city of New York. For several years the new system made little progress and few converts; but gradually, and at that time, slowly advanced. After a few years labor of the indefatigable Gram, a few scientific members of the medical profession took courage to examine its claims upon the profession, and at once put the system upon the test of experimentation. In this manner, after the most rigid examination, homœopathy triumphed, took deep root and made permanent hold upon the people, as well as upon those who tried the experiment.

Notwithstanding all the opposition of the old school and the limited works then published, homœopathy spread rapidly, extending its practitioners to Philadelphia, to Boston and Albany. In 1840, Dr. Beigler, of Albany, removed to Rochester, N. Y.

Dr. Robinson, formerly of Connecticut, but then in Yates county, New York, became acquainted with Dr. Beigler, and his exposition of the principles of homœopathy induced Dr. R. to examine and test its claims upon the profession. During this investigation and experimentation, Dr. R. became converted to the new system and relinquished the old school in

which he was educated and had practised for fifteen years, and in May, 1841, took up his residence in Auburn, Cayuga county, and commenced the practice of homœopathy. Dr. Robinson formed a partnership with Dr. Humphrey, who was then physician to the hospital in the Auburn State prison, and as Dr. Humphrey was ignorant of Dr. Robinson's change of professional "base," he did not hesitate to take a trip to New York and leave the professional business to the care of his partner.

It might not, perhaps, be uninteresting to the members of this Society, if I should give in detail the first case treated homœopathically in Auburn. The next day after Dr. R. arrived in Auburn, Dr. Humphrey invited him to visit a patient with him, the son of Mr. B., then one of the most influential and wealthy men of the place. The patient was a boy about ten years of age, who had been sick between seven and eight weeks of a fever, supervening on measles. Drs. Pitney and Bigelow had seen him in consultation with Dr. H., all their prescriptions were unavailing in subduing the fever. The patient had no pain, a dry hot skin, a tickling cough, no expectoration, no soreness about the chest, bowels constipated, pulse about 120, small, wiry; constant thirst, no appetite, and very much emaciated. The second day after this consultation, Dr. H. left for New York and Dr. R. took charge of the patient. Fearing that he should be detected in something that was not strictly orthodox, he stepped aside, dissolved a few globules of aconitum nap. in half a tumbler of water, and directed to give the patient a teaspoonful every four hours. In thirty-six hours, under the action of aconite, his fever was entirely reduced. Hepar sulph. was given in the same manner, this also changed the character of his cough, so that pulsatilla and chamomilla quieted the bronchial irritation; appetite improved, the bowels became normal, and in eight days the patient was dismissed cured. Upon Dr. R.'s last visit, he told Mr. B. that it would not be necessary to visit him again. Mr. B. says to him, "Well doctor as you are a stranger in this place, this will be a great feather in your cap." Well, Mr. B., do you know what system I have practised in order to produce such results? "No! anything new?" "Yes, in this place; this is homœopathy." "Well, if homœopathy will do that, I will go it," and he did; for the old school never had an introduction in his house after this.

This case produced considerable excitement in the town, being so promptly cured after three of the most popular old school physicians had pronounced it a doubtful case. The success attending the homœopathic treatment gave confidence, calls became more frequent and the people began to inquire about this new system. During Dr. Humphrey's absence to New York, Dr. R. took charge of the hospital in the prison. As all the prescriptions were recorded, most of them were allopathic; occasionally a case could be treated with a mild form of medicine and all with satisfactory results. On Dr. Humphrey's return he resumed his business in the hospital. In the month of August, while Dr. Humphrey was in the hospital, there were seven or eight cases of cholera morbus brought in, the doctor prescribed and left for his office. He was soon sent for, the cases multiplied rapidly. Those for whom he had prescribed, first, had not improved but grew worse; Dr. H. sent a messenger for Dr. Robinson, and he, learning the trouble, took his case of medicine. He found eight cases (the

first that were taken) in a critical condition, cold extremities, cadaverous countenance, pulse almost imperceptible, thin watery evacuations. By this time about forty cases were brought in and the number was increasing. Dr. R. took charge of the eight cases and gave Dr. H. medicines and directions how to proceed with the others. The first eight under the action of arsenicum and veratrum soon improved, and at four o'clock P. M., there had been treated 136 cases, and at six o'clock, the time for locking up, all but eight went to their cells, and the next day all were out of the hospital and soon went to their work. This is on the Hospital Register of August, 1841. It has been published in the *British Journal of Homœopathy* to the credit of Dr. Humphrey, although he had nothing to do with choice of remedies in the cases.

In July of 1841, Dr. Robinson was called to see a patient of Dr. McCarty and Dr. Clony, of Throopsville, a Mrs. H., who had been confined to her bed for a few months of an affection of the lungs. Dr. McCarty was present at this visit, and unlike the majority of old school physicians, was anxious to see the effect of homœopathic remedies in her case, although he said it would not be a fair test, as he considered her case incurable.

After Dr. R. got through with his directions, he invited Dr. McCarty to visit the patient at his leisure and watch the progress of the case; he did so, and expressed his astonishment at the improvement, for it was clearly marked and permanent. In about six weeks from the commencement of the treatment, she was dismissed cured. The success of the treatment, in this case, convinced the candid mind of Dr. McCarty that homœopathy was not a "humbug." He at once commenced the study and further examination of the new science to him, which resulted in the complete conversion to homœopathy of which he soon became a successful practitioner. This was the first convert to homœopathy after Dr. R. came to Auburn that occurred in this county. Dr. M., however, became a homœopathic physician and the next year removed to Utica. The opposition of the old school was bitter and malignant, nothing that they could invent was omitted, including misrepresentations and threatened prosecution.

In order to try the law, Dr. Peterson, of Springport, a lawyer by profession, imagining that he could do more good and serve humanity better by practising homœopathy than he could by the practice of law, supplied himself with some books and medicine and commenced the examination and practice, visiting patients and taking fees for the same, without a diploma. They began with him, commenced a suit; his trial took place in Auburn before a jury of six men, and after a full and fair trial, the jury retired and, in about twenty minutes, they came in and reported a verdict of three-quarters of a cent to the plaintiff and donated their fees to the defendant. This ended their legal proceedings.

In August, 1841, Dr. R. was called to Moravia to see a patient of Drs. Bennet and Cator. This was a case of tuberculous phthisis, and beyond the reach even of homœopathic remedies. The treatment relieved her very much and made her much more comfortable, and for several weeks she improved so far as to take courage and hope. This improvement, and a conversation between Dr. Robinson and Dr. Cator, induced the latter to

put his wife under Dr. R's. treatment, and, if successful, he pledged himself to study homœopathy and practise it. Mrs. Cator's case was a severe and aggravated case of gastrosis; she had taken all the drugs that her stomach would retain and more, for she vomited the most of the time. The principal remedies were bryonia and pulsatilla. She improved rapidly, and in three weeks Dr. Cator acknowledged himself convinced and commenced the study at once, as Mrs. Cator was restored to good health. This was the second convert from the old school which occurred in this county. After the conversion of Dr. Cator, and his successful trials with the homœopathic remedies, Dr. Bennet, his partner, thought it no disgrace for himself to venture the experiment. When he had given the subject a just examination, he became convinced of the great truth of "Similia Similibus Curantur."

In the fall of 1842 Dr. Cator left Moravia and located in Syracuse, where he introduced homœopathy which soon got a permanent place, and has extended its benign influence over the county of Onondaga. Dr. Bennet, wishing to extend his sphere of usefulness, removed to Rochester, N. Y., where he resides at the present time.

Dr. Smith, then a student in the office of Drs. Bennet and Cator, thus left by his preceptors, assumed the practice of homœopathy, and remained in Moravia in the southern part of the county, until within the last two or three years, when he removed to this place where he still resides.

In 1844-45, Dr. E. C. Witherill, of Cincinnati, and Dr. C. E. Swift, completed their term of studentship and went forth in full confidence and with success.

In 1846, Dr. George Allen, commenced his professional studies with Dr. R. Although in very feeble health, yet he passed through the course and located in Port Byron, where he secured the esteem of a large circle of acquaintances, but his health soon failed him and he gave up the profession, returning to his father's home where he soon paid the debt of nature. He died February 14th, 1850. While these new laborers were preparing and qualifying themselves for the important work of healing the sick and relieving the distressed, without increasing their sufferings, homœopathy was spreading its genial influence over the country and its neighboring hills and plains.

In the winter of 1847, Dr. C. W. Boyce came to Auburn and commenced the practice of homœopathy. Thus in six years from the introduction of homœopathy in Auburn were the following practitioners: Dr. McCarty, of Throopville, his ride extending through all the north part of the county; Dr. Peterson, of Springport, taking the west and south-west part of the county; Dr. Smith, of Moravia, the south; while Dr. Robinson and Dr. Boyce were practicing in Auburn and vicinity. Homœopathy in this place, like all other places, commenced in the most influential families, and has continued to spread its healing influences in that direction, until it has obtained a fast hold upon the intelligent and philosophical beyond the power of allopathy to shake it for a moment, and in defiance of all their misrepresentations and ridicule is like gold tried in the furnace, coming out brighter and brighter.

In the spring of 1851, Dr. Robinson, jr., and Dr. H. Sheffield graduated at the Western Homœopathic College, at Cleveland, Ohio; and, in 1852, Dr. Barr received his diploma. Dr. Robinson, jr., commenced the practice in Auburn, where he has remained up to the present time. Dr. Sheffield resides in Nashville, Tennessee, and Dr. Barr at Ludlowville, Tompkins county, each enjoying the confidence of the people and in successful business. About this time Dr. W. R. Gorton located at the village of Skaneateles, Onondaga county, thus relieving the pressure of business in that direction.

Not only was the harvest ripening and the laborers increasing, but the resources of the medical student were improving. The literature of the school was very limited, but few works, comparatively speaking, were then translated into the English language. New works, new translations, revision of Jahr's New Manual were published, new remedies were being proved, thus giving the student an opportunity of benefiting by the advancement of the literature of our schools and the experience of our senior practitioners.

In 1853 or 1854, Dr. Brewster located in the north part of the county. He soon acquired a good practice, and yet the call was for more homœopathic practitioners. Notwithstanding the opposition of the old school, the scoffs and sneers of the adherents of the dilapidated system of the empirics, homœopathy maintained its integrity and grew stronger by the opposition. Dr. Geo. Hewet, about this time, removed to Genoa, in the south part of this county, where he is now, meeting with good success.

The intercourse between the members of the profession throughout the county was of the most amicable and social character; each striving to assist the other, and advance the cause in which they had enlisted and which they cherish with so much satisfaction.

County societies were formed, auxiliary to the State Homœopathic Society, but these were all without legal authority and consequently did not elicit so much enthusiasm and energy as could be expected or desired.

In 1856, Dr. Strong, then in Sennett, commenced the investigation of Homœopathy, and from a clear examination and experimentations he became satisfied of the merits of the new system and adopted it as his future practice, afterwards removed to Owasco village, where he now resides blessed with an extensive ride and a successful practice.

In 1857, the Legislature enacted a law authorizing the formation of county homœopathic medical societies, and in May, 1860, the Cayuga County Homœopathic Medical Society was established according to the requirements of the statute, and has been in successful operation ever since.

Dr. Fellows, of Sennett, and Dr. Gwynn, of Throopsville, have received their diplomas, and have established themselves in their respective locacations with profit to themselves and honor to the profession. Dr. Heath also graduated in one of the best colleges in the State, and is now doing an extensive and successful business in Palmyra, in Wayne county. We have up to this time, 1864, eleven homœopathic practitioners in this county, and yet there are several locations where a good physician would have a lucrative business.

I have given you as correct a history of homœopathy in this county as

I could give from memory. Should there be errors discovered, I hope some more competent pen will correct the error that it may stand a true history of the past. In the bright sunlight and clear sky of the past twenty-three years, there have but two clouds past to obscure the bright horizon. The first was that of the death of Dr. George Allen, on the 14th of February, 1850. Dr. Allen, after receiving his diploma, settled in Port Byron, where he succeeded in a short time in making many friends. His health was very feeble during his term of studentship, and it appeared like folly to spend his time in acquiring a professional education when the mark was so visible upon his whole constitution—predisposed to consumption. Kind and affable, quick in discriminating, he made a successful practitioner the short time allotted him, which was only about two years. Again, in July, in 1863, we were called to pay the last sad duties to our much-esteemed friend and co-worker, Dr. Lewis McCarty, who died of a carcinomatous tumor involving the whole of the right parotid gland, the submaxillary, and a portion of the thyroid gland; this was superinduced by an injury received on being thrown from his carriage. Dr. McCarty needs no eulogy from me. He was too well known by all the members of this society, and by the profession in Central New York. He was strictly a homœopathic physician. Studious and possessing a good memory, close in his examinations, and strict to the law similia similibus curantur. His prejudices were strong and lasting, whether for friendship or eternity. His whole soul was bound up in Theology and Therapeutics. His theology was of the school of Alexander Campbell, known as Disciples. His therapeutics that of Hahnemann. Alexander Campbell was his guiding star in Theology, so was Samuel Hahnemann in Therapeutics. He was a faithful servant to either Master. Naturally of a strong and enduring constitution, he seemed to require but little sleep or quietude. He had an extensive ride through the whole northern part of the county. With all his energy and perseverance, his iron constitution yielded at last, and he sank into a premature grave, lamented by all who knew him.

ARTICLE XXXI.

Report on Materia Medica—Enlargement of the Materia Medica. By H. B. Fellows, M. D., of Sennett.

In accordance with an appointment by the Cayuga County Homœopathic Society to communicate with the State Society in regard to the enlargement and improvement of our Materia Medica, and in accordance with my own convictions of the necessity of some action in this department, I present this paper to the State Society for its consideration. It contains some of the reasons why we should be more active in proving new drugs or reproving old ones. Time will not allow a full discussion of this subject in all its bearings on the necessity of the movement, whether it should be a movement to reprove old drugs, or prove new ones, and how the provings should be conducted. In fact, it naturally divides itself into several heads, each of which would make a communication of itself. I shall, therefore, attempt only a brief discussion that I may call the attention of

the society to it, in the hope that some action may be taken in regard to the matter.

Impressed with the importance of as extensive and exact a materia medica as it is possible to have, I must urge upon the attention of the Society the necessity of action in subjecting one or more drugs to careful provings. And it is of the utmost importance that this action be general and concerted. Should this be undertaken generally, the facts would accumulate with sufficient rapidity to make the value of the drug soon known; on the other hand, if there are but one or two who undertake a proving, but little can be accomplished. No one person can produce a perfect proving, even should he spend a series of years in the attempt. One thing essential to any proving, before it can be considered complete, is that the effects of the drug on the different constitutions, ages and sexes shall be observed. It is, therefore, necessary for a number of persons to prove a drug and that they shall act in concert. If a hundred persons in the State of New York were to begin the proving of a drug, each independent of any concerted action, it is not at all probable, it is hardly possible, that the hundred fragmentary provings would ever be collected; and until this should be accomplished the knowledged gained of the drug would be of comparatively little value to each prover, even though each proving should be carefully conducted. Should this Society take hold of the matter and each member not only prove the drug chosen in his district upon himself, but induce some member of his household or some of his friends to do the same, a very complete set of provings might be the result. We have the elements in and under the control of the Society, if we but use them to advance the science of medicine; and in no more important way can we serve the cause of homœopathy and humanity than by making our materia medica as perfect as possible. If, in any branch of the science of medicine, the homœopathic physician should make greater exertion than in another, it is in this. However accurately he may diagnosticate a case and explain its pathology, if he does not know its corresponding homœopathic remedy, his success can be but partial, and he will frequently fail where he might have succeeded. If the proving of the remedy is so incomplete that it does not point out the homœopathic relation it holds to the disease, the result will be the same and the physician must fail, or only gain success by accident. These accidental cures are familiar to every physician, and teach us the necessity of proving the drug more thoroughly. The following case may serve as an example:

Mr. M., a young man of 21 years, had served through the peninsular campaign and before Washington, when he was taken with a chronic diarrhœa and was discharged from the army. He returned home and was then treated by both schools with no success. He was then induced to take an infusion of a plant in the vicinity (the botanical name I cannot at present give), being encouraged by the history of several cases cured that appeared similar to his own. In a very short time his improvement was marked and decided. His appetite and digestion became good, he gained in flesh and strength, a troublesome cough left him, and to-day he looks and feels as well as ever. Several cases similar to this have fallen within

my observation, and though they were treated with rather large doses were effectually cured.

From the cases I have known I cannot tell the characteristic of the remedy, and could not use it with any more scientific precision than the quacks who advertise their "cure alls." That the plant has a good deal of medicinal value there can be no doubt; but it must remain almost unavailable until it is properly proved. What I feel in reference to this plant, is felt by every physician in reference to some other drug.

The result of three thousand years experience is an advance of the science of medicine in almost every other branch greater than in this. Anatomy is almost perfect, if we except its nomenclature; physiology has advanced until the various organs of the system have had their action traced down to the primal cell; pathology now analyses almost every diseased action till it is as well known as are the functions in physiology, and for these results we are in a great measure to thank our brethren of the allopathic persuasion. These branches are based on facts which required only patient observation and study to determine, and so far they have been faithful and we have profited by their industry. But when we leave these and the other collateral branches of medicine and enter the domain of therapeutics, there experience and the collection of facts avails but little, for therapeutics is not a series of observed facts merely. Therapeutics did not advance with the other branches of the science of medicine until the great governing law, announced by Hahnemann, became known and formed the ground-work of the study. Before this, facts had been loosely observed and conclusions drawn by false reasoning, as we see in the use of such enormous doses of opium in delirium tremens, and of mercury in syphilis. When this law of "similia similibus" became known, it was found necessary to reconstruct the entire materia medica that therapeutics might advance towards perfection, then for the first time possible. The materia medica at that time was a mass of rubbish, much of which could not at all be used in the new structure which was about to be erected, and nearly all the remainder was so imperfect that it would prove almost as valueless. The reconstruction of the materia medica to be available for the newly discovered law of cure, required that the effects of each drug should be accurately and minutely ascertained by proving it upon the healthy, and from this resulted the materia medica pura. Hahnemann and his immediate followers deserve the greatest praise for the energy and perseverance with which they set about and followed up this reconstruction. But they could not accomplish the whole work, and those who have followed in their path until the present have not been able to complete this great work of reconstruction. If we would maintain a success and make an advance such as is worthy of the followers of so great a master as Hahnemann, we must take up this work where our predecessors left off and continue it.

By what means can this work be carried on most successfully? Not, as we have endeavored to show by individual effort alone, but through the instrumentality of organized bodies of provers. The County and State Societies, the American Institute of Homœopathy, and kindred institutions, furnish the means that should be available for this purpose.

As small bodies of men work together more earnestly than larger ones as a general rule, each county society should constitute itself a Prover's Union, and use all its powers to ascertain the effects of the drug chosen for investigation. In counties where there is no society organized, let those physicians who are willing to assist in this work act together by some common argument. These various results should be placed in the hands of the committee on Materia Medica sufficiently early to arrange for the meeting of the Society, at which the report is to be presented. After its presentation to the county society it should be forwarded to the committee constituting the Bureau of Materia Medica of the State society, and I would suggest that the original record of the daily provings should be sent, and not any abstract of them. At least one district should be engaged in proving one drug, and each county should send its report to the member of the Bureau for that district in which the county is situated, to be arranged with other reports for presentation at the meeting of the State Society, and subsequently for publication. By this method the provings of several drugs might every year be added to our Materia Medica by this State alone; and if other States would adopt a similar course of proceeding, our Materia Medica might be rapidly and reliably enlarged. When the American Institute resumes its meetings and several States devote some effort to proving drugs, these results could be collected and published under the superintendence of a board of editors appointed by that body, and a year book of provings furnished, that every homœopathic physician would find it difficult to get along without.

This is a brief statement of a method by which it has seemed possible that a worthy result might be accomplished. The details will readily suggest themselves to those who will give the subject a thought. For it I claim no particular originality, and I would willingly adopt and assist, as far as in my power, to carry out any other that will promise as much.

In considering this method, it has appeared that the apathy in this department, not so much from a lack of devotion to their chosen calling on the part of the homœopathic physicians of this State, nor to the unwillingness to subject themselves to the slight inconvenience of proving a drug in the cause of homœopathy and suffering humanity, as to the fact that it has not generally been carried on so as to assure the aggregation of the individual result. As soon as the profession at large shall be made to feel that this work shall be taken up in earnest under the direction of earnest workers, I think there will be no lack of proving, and for one I am willing to pledge myself for, at least, one proving every year.

ARTICLE XXXII.

Report on Materia Medica—Proving of Lachesis. By H. B. Fellows, M. D., of Sennett.

July 4, 1864. Took five pellets of Lachesis[80] about nine A. M., for a cough.

Soon after noon I began to feel great heaviness and lassitude all through the body, but particularly through the back and legs.

At 3.30 P. M., the feeling of lassitude had increased, and walking tired me much more than usual. After supper this feeling partially passed off.

Retired soon after nine P. M. Legs ached all through, but the pain was the most severe about the knees.

July 5th. Slept well; coughed less this morning than yesterday; all well until after breakfast.

Soon after eight A. M. my legs began to ache again, aching all through, but the pain, as on the day before, was most about the knees. Legs felt very heavy. The same feelings extended through the shoulders and arms, but in a less degree.

The general lassitude was more marked than yesterday. Felt better after dinner.

In the evening, whilst walking, had a pain deep in the left ear, or between the ear and throat, which was made more severe while putting the temporal and masseter muscles on tension.

This pain disappeared in a short time, and one appeared just above the left external maleolus, which would increase as the contiguous muscles were put upon the stretch in stepping. This pain lasted for some time.

July 6th. Felt well, with the exception of the lassitude.

July 7th. More of the lassitude.

July 10th. No more symptoms noticed.

Any pathogenetic symptom is reliable; it must be so, or the science of homœopathy falls to the ground. The pathogenesis of a drug may be confirmed either by reproving it, or by its curative effects when prescribed according to the homœopathic formula. The former is the better way, and is more in accordance with the teachings of the master, if any doubt exists as to the symptoms ascribed to the drug. There can be no better way to settle the question of the reliability of lachesis than by a reproving of it; the addition of other symptoms, equally characteristic as those now known, would also be likely to follow the reproving. The curative effects also confirm the provings, and are the final tests to be applied to every proving.

The following case of diphtheria is offered as confirming the above proving, and as showing quite clearly the type of cases in which lachesis will prove of the greatest value; a type which has been of frequent occurrence in this vicinity for the past few months.

Miss S., aged 18, had been feeling unwell for several days. On October 25th she was obliged to take to the bed. On the evening of that day I found her with a severe pain in the forehead, which became a beating pain in the vertex on assuming the upright position. On fixing her eyes on any spot on the wall she would feel dizzy. (I have seen this symptom produced by a high potency. "During the day looking at any object closely would produce vertigo, and in the evening looking at the clouds not more than 30 or 40 degrees above the horizon, would immediately produce the same sensation.") Severe pain in the limbs, principally about the knees and elbows; the flesh felt very sore, and moving the limbs aggravated the pain for the time being. Much lassitude; she nearly fainted on rising from the bed at noon. Tenderness and pain in the epigastric region, nausea, anarexia, tongue coated with a dirty yellow fur, very unpleasant taste in the mouth. The tonsils were swollen, and showed patches of a diphtheritic membrane

about half an inch wide, of a dirty gray color, and extending down out of sight. Submaxillary and parotid glands swollen. The soreness of the throat began on the left side, and this side was still the most painful; throat was more painful after sleeping or talking. Pulse upwards of ninety; the skin at times hot and dry, at other times moist. Gave lachesis^{30} in aqueous solution every two hours. Next morning I found the patient with the headache, pain in the limbs, and nausea removed and less soreness about the throat; pulse natural or nearly so; strength increased. Continued lachesis^{30}.

October 27. Symptoms improving; diphtheritic membrane disappearing. lachesis^{200} every three hours.

October 28th. Did not sleep as well as on previous night. Diphtheritic membrane nearly gone. Lachesis^{30}. After this the patient got no more medicine for the day.

About twenty months previous, I treated this patient for an attack of diphtheria, using the lower potencies of aconite, belladonna and mercurius iod., and during the disease a troublesome asthmathic cough set in and lasted for some days after the throat was healed. During the last attack a slight cough appeared having the same characteristics, but required no other remedy, and disappeared before the throat healed.

From the above proving we get some of the most marked symptoms of this case; and a complete picture of the disease as it often appears in its initiatory stage. As this stage frequently lasts from one to several days, it will in many cases enable us to avert a serious attack by the use of this remedy.

ARTICLE XXXIII.

Report on Materia Medica. Poisoning by Phosphorus. By E. R. Heath, M. D., of Palmyra.

Having just prepared some tincture of phosphorus, I took five drops about five o'clock in the afternoon. Thinking no more about it, I finished my business for the day and retired about ten, P. M., but was unable to sleep. The desire to sleep was very great but I could not find a comfortable position. Felt an uneasiness accompanied by drowsiness, which was unusual. My mind was greatly oppressed with melancholy. Tears would start without cause. A feeling of dread, as if awaiting something terrible, yet unable to resist or move, overcame me. Sometimes it seemed as if I was beginning to bloat, and then I could hear a multitude of voices saying, in high glee, "fill him up a little more and he will burst," followed by demoniacal laughter which made the cold chills run over me. Darting, cutting pains gave me much distress, starting from one point and flashing over the whole abdominal region, each one having a separate starting point. I imagined myself an Aurora Borealis, and could distinctly hear voices shouting, "beautiful! oh, was that not splendid!" as the pain became more severe and lasting. Soon, however the agony became so great that it threw off in a measure the stupor that clouded my senses.

Springing from the bed I hastily attired myself and set down to collect my scattered and various thoughts. My fingers were all thumbs; I felt a

numbness of the whole body accompanied by a pricking sensation, as being encompassed by innumerable needles that just touched, and on the slightest motion, entered my body, at first severe then followed by vibrations of less distinctness. My throat felt dry and parched; it seemed as if a flame of fire was passing through me. Rising, I attempted to walk; my feet and limbs seemed swollen and glued to the floor. The slightest motion caused great pain. With great exertion I reached the vessel; the moment the bowels began to move the pains assumed the form of cramps. The passages were like the scrapings of intestines and almost constant, attended with tenesmus for upwards of two hours, at the end of which time I lay down upon the bed weak, sore and almost helpless.

Abdomen sore, but not tender to the touch; thirst intolerable; drink did not quench it, but caused drops of cold clammy sweat to exude from the pores of the skin the moment that water entered the stomach. My wants were numerous and changeable; my lungs felt clogged up; dyspnœa troublesome; pleuritic pains through the thorax extending into the throat and down the right arm; vertigo; cephalalgia; sense of suffocation and *involuntary passages on the least motion* Urine suppressed with a constant desire to urinate. I lay in this condition for nearly eight hours, when the passages changed to mucus and mucus mixed with blood and slime, still involuntary. The muscles became flabby, the skin dry and wrinkled, tongue coated with a thick fur, dark centre and red edges; sordes on the teeth, breath offensive, even to myself; at no time was I free from pain; could not extend my limbs, but lay with them drawn up; motions involuntary and uncertain as one attacked with palsy. The exertion or an attempt to move my arms, hands, or even turn myself, produced great prostration.

At the end of twelve hours passages began to become periodical every half hour and then every hour, still involuntary with tenesmus at least an hour after each passage, when they became as far apart as two hours. The rectum lost its sensibility; the sphincter became paralyzed, and I had a slight prolapsus ani after each passage. About six P. M., or eighteen hours after I began to be troubled, the passages of urine became frequent, copious, scalding, high colored, with a strong ammoniacal odor. Dull, heavy pain in the region of the kidneys. After this the symptoms began to abate. Appetite ravenous, but the smallest quantity of food, the moment it entered the stomach, produced vomiting and passages from both bowels and bladder. My mind now became very clear. I could remember with the utmost distinctness my past life. Orations delivered during college days I could rehearse word for word, and tell the day and circumstances attending their delivery. Lectures I had heard years before came before my mind. As the darkness of night began to enclose the earth, my peace was disturbed by the most frightful visions and thoughts. Constant fear of death, with almost uncontrollable desire to commit suicide. Pulse intermittent, thready and varying from 53 to 135.

During the night I was compelled to use the vessel a number of times, making my calculations to have a passage every two hours, as they were involuntary the moment anything entered the rectum This condition lasted me for two days, obliging me to go to stool as often as every three hours

The next morning I dressed myself with difficulty and went to my office. I was as weak as one suffering from a long and severe fit of sickness. I then took eight pellets of camphor 3; this being the first I had taken, the attack being so sudden and prostrating I was not able to help myself to medicine or call assistance.

During the whole time the passages were odorless, except a slight, mouldy smell. At the expiration of three days the pains seemed to leave my bowels and settle in my joints, producing a crackling noise on motion, Every time I went from a warm room into the open air my bowels would move. Could eat but little food, as a few mouthfuls satisfied my ravenous appetite. I was not able to assume an upright posture while walking, or endure much fatigue for some time, nor did I become free from the effects for more than two months. I regained my strength very slowly and could eat nothing but the most easily digestible food. Spiced food and pastry invariably producing looseness of the bowels.

ARTICLE XXXIV.

Report on Clinical Medicine. Case of Pterygium Crassum cured by a single remedy in a High Potency. By CARROLL DUNHAM, M. D., New York.

The following case is thought worthy of special notice for several reasons. It presents an instance of a diseased condition which, being on the surface of the eye, may be made the subject of constant observation.

Such a condition has never, so far as my knowledge goes, been produced by any remedy. It is not contained in any proving. A homœopathic prescription for it must therefore be based upon the general characteristic symptoms which the patient may present, and to which corresponding symptoms may be found in some drug proving.

The writer had never treated a case before, and does not recall any record of a cure made by homœopathic remedies. He was not, consequently, influenced in the selection of a remedy by any knowledge *ex usu in morbis*.

The patient was not encouraged to expect a cure, but looked forward to a surgical operation as a matter of necessity. There can be no ground, then, for ascribing the cure to faith, the last resort of the credulous, to whom it is easier to believe that a grave and material disease can be cured by imagination, the intangible, than by a high potency, the imponderable!

The cure was effected by a single remedy, in a high potency, the 200th—(prepared by myself).

J. N. S., a farmer, aged 55 years—generally in good health—has had for three years a pterygium upon each eye. Starting from the inner angle of the eye, this morbid growth, which was thick, opaque, and richly supplied with large blood-vessels, and much resembled a strong muscle, extended over the sclerotic, had invaded the cornea with a thick, broad extremity, and now covered more than one-half of the pupil, rendering the patient nearly blind.

The conjunctiva of the remaining portion was deeply injected. The eyes were filled in the morning with a muco-purulent secretion.

The patient was unable to endure artificial light, and compelled to carefully protect the eyes during the day-time. Reading was out of the question at all times.

Within the last six months the growth of the pterygium had been very rapid.

The eyes were very painful, especially in the evening and night. The pain was in the inner angle of the eye, a pricking, smarting pain, seeming to be situated deep in the globe. Dust in the atmosphere greatly aggravated the pain. In addition there was a very severe pressure *at the root of the nose* and across the supra-orbital region. There was considerable lachrymation, especially in the evening.

The effect of this disease was to entirely incapacitate the patient for every kind of business.

In this condition the patient placed himself under my care about the 1st of July, 1863. He had been advised that an operation for the removal of the pterygium was the only thing to which he could look for relief, but had also been told that in the present inflamed condition of the eyes, and at the unfavorable season of midsummer, the operation would expose him to no inconsiderable danger of sequelæ that might be very disastrous. He had been counseled to endure his present symptoms until the weather should become colder and more favorable for the operation.

His motives therefore in coming to me was to get some palliation of his suffering, some temporary relief, that the summer months might be made more tolerable to him.

I gave him no encouragement to believe that I could do more than slightly palliate his sufferings; for, as has already been remarked, I had never treated a pterygium, and never heard of a homœopathic cure of one.

Seeking a homœopathic remedy for the case, as it has been stated, I could get no light from the objective symptoms, since no proving contains anything like them. Nothing remained but the subjective symptoms. Of these, the pain, smarting and pricking, and which was singularly confined to the inner angle of the eye, and seemed deep seated, the pushing pain at the root of the nose, the marked aggravation in the evening—these symptoms together suggested zincum metallicum.

In the proving of zincum we find (symptoms 194, 197, 205, 209,) biting, pricking and soreness in the inner angle of the eyes; lachrymation, especially in the evening; inflammation and redness of the conjunctiva, suppuration of the inner angle with soreness—many of these symptoms being aggravated in the evening; symptoms 248, "Pressure on the root of the nose, as if it would be pressed into the head, almost intolerable," together with 249–251 of a like significance.

The other symptoms of the patient being well covered by those of zincum, I concluded to give this remedy.

I felt the more hope of some benefit from it, from the fact that my (allopathic) preceptor, who had much experience and success in the treatment of diseases of the eye, had often said that sulphate of zinc, applied externally, had a more beneficial effect in pterygium than any other astringent or caustic application.

Now as sulphate of zinc is by no means so powerful an astringent or

caustic as many other substances that are commonly used as applications in such cases, certainly the superiority of zinc could not be attributable to its mere possession of these properties which it has in common with other collyria, as, for example, nitrate of silver, sulphate of copper, etc., etc. It must be due, then, to some specific quality of the zinc. In passing, let me venture the remark, that in clinical observations like the above, made by sagacious allopathic observers, we may often find valuable hints to supplement our pathogenetic knowledge of drugs.

To return to the case, I determined to give the 200th potency of zinc, the case being, as it seemed to me, a very fine one for experiment with a high potency.

I gave four powders of sugar of milk, each containing three globules of zincum metallicum^{200}, and ten additional powders containing nothing but sugar of milk—a powder to be taken, dry on the tongue, every night on retiring; the patient to report on the 14th day. No change to be made in diet, regimen, or occupation. No external applications to be made.

July 15. The patient presented himself and stated that on the third day after he began to take the powders he began to feel much better, and that now he was entirely free from pain and discomfort and from lachrymation. The morning secretion was much less. I thought the eye appeared less inflamed, but beyond this there was no change in its physical condition. I gave sugar of milk and requested a report in a fortnight, or sooner, in case the pains should return.

Aug. 1. No return of pain. The pterygium has certainly diminished in size; it is not so thick and luxuriant as formerly. Sugar of milk.

Aug. 10. The patient came to apprise me of a return of the pains to moderate extent. I gave three powders of zincum met.^{200}, to be taken every night on retiring.

Aug. 20. The pains disappeared after the first powder and have not returned. The pterygium is evidently decreasing.

Twice again the pains returned, and on each occasion I gave a powder of the zincum^{200}. By the end of October, the time fixed for the operation, the pterygium had diminished so far that it was only a little colorless ridge in the extreme inner angle of the eye, the sight was entirely restored, the patient could use his eyes freely both by day and in the evening; there was no longer any thought of the operation; in fact it would have been hard to find anything to operate upon.

At the present date there is no trace of the pterygium remaining upon the left eye. In the inner angle of the right eye there is a small speck yet visible.

ARTICLE XXXV.

Report on Clinical Medicine. Cases of Uterine Catarrh. By O. W. Boyce, M. D., of Auburn.

"Like every organ covered with a mucous membrane, the uterus is, upon its internal surface, exposed to those catarrhal and croupy inflammations which generally affect mucous membranes.

"The symptoms of a congestion of the organs of the pelvis, ordinarily precede acute catarrhal inflammation of the mucous membrane of the uterus. The patients complain at this period of a disagreeable sensation of tension about the sacrum and both inguinal regions, and of a heat and fullness in the pelvis, with a frequent desire to urinate. Little by little the pains are concentrated around the uterine region, which is very tender on pressure, without our being able on examination to discover through the abdominal walls any augmentation in the volume of the uterus. About the fourth or sixth day, or sometimes earlier, a flow, more or less copious from the genital parts is observed, a hypersecretion of the mucous membrane of the uterus. The secreted liquid is at first not dense, almost limpid, slightly viscous, and it leaves upon the linen stiffened and clearly defined spots. At length it usually becomes yellow." *Scanzoni's Diseases of Females.*

This condition, like every catarrhal disease, is liable to become chronic; and as in connection with the uterine difficulty there is usually an extension to the vagina and urinary organs, it is a matter of some difficulty to diagnosticate when we have purely a *uterine catarrh.* This is only possible by the use of the speculum, or sometimes by the state of the secretion from the genitals. If the fluid is purely alkaline, the disease is uterine ; if acid, it is vaginal. Chronic uterine catarrh finally produces the systemic condition known as anæmia, the prominent symptoms of which are exhaustion and general emaciation, a marasmus of the entire organism.

The following cases may be considered a type of the disease which is curable by the remedy here used. They are selected from several cured by the same remedy, as they yielded promptly and remained permanently cured.

CASE I.

Mrs. G., forty years old, and the mother of seven children, December 31, 1862, was aroused at midnight by the house being on fire. She ran out in her night-dress and bare feet with her youngest child in her arms. She remained in the cold nearly an hour, or until the house completely burned down, when she walked to the nearest house half a mile distant. The ground was covered with snow and ice. She was up and down after this exposure for three or four days, complaining of a soreness of the whole body. The flesh felt sore. She had spells of falling down, when she would remain insensible for hours. She had fainting spells whether she was up or lying. This condition lasted nearly three weeks when she became confined to her bed, from which she did not assume the upright posture until the time soon to be mentioned. There was constant discharge from the genital organs, which finally became dark and very offensive. When she was moved, the discharge was more profuse, looking like fresh blood, and on several occasions, she had alarming hemorrhage. There was great soreness of the abdomen, and the upright posture produced a sensation as if the bowels would fall out. She coughed constantly, and the posterior portions of both lungs were completely congested and dull on percussion. Auscultation revealed only bronchial respiration. Every exertion was followed by expectoration of dark blood with cramps and fainting. A vaginal examination showed congestion of the neck of the womb and prolapsus. This was

her condition, May 7th, 1863. The case looked so hopeless, that I advised her to send for a neighboring physician (she lived seven miles from Auburn) and abide the result. I gave her, however, lachesis[12], twenty pellets in half a glass of water, two teaspoonfulls every four hours.

On the 9th of May I was again sent for, and with great reluctance went to see her. The change was perfectly surprising. The whole case was improved, and strange to say, on the 16th of the same month, just nine days from the first prescription, she went about her household duties and has continued to do her work ever since. There have since been several cases of severe disease in her family and she has been able to nurse them all, the most trying ordeal which she could be called to endure. She took no medicine after the first two days, but sacch. lact. instead.

CASE II.

MRS. R., forty-five years of age, took cold about the middle of January, 1864. January 28th she presented the following symptoms: prostration, especially when exercising and lifting; weight on the top of the head and back of the neck; pain in the small of the back, worse on exercising; appetite good; sensation of bearing down; leucorrhœa, thick, yellow, which had continued for years, more between the catamenial periods. At this present time (January 28th), it is constant. No catamenia for two months. The leucorrhœa was worse during the day and when exercising. There was evidently congestion of the womb with catarrh of the mucous membrane. Mrs. R. was not able to be about the house. Lachesis[200], in water, a teaspoonful night and morning for five days cured her of all her complaints, not excepting the leucorrhœa. She is now attending to her ordinary household affairs.

If these cases shall call attention to this valuable remedy, this hastily written sketch will not have been made in vain.

ARTICLE XXXVI.

Report on Clinical Medicine—Catarrh. By C. W. BOYCE, M. D., of Auburn.

The committee, having in charge the subject of Catarrh, finds itself, at the end of the second year, in the same condition as at the close of the first—able only to report progress. During the two years of its continuance, it has presented six written reports, four of which have passed into the literature of our school; in addition, several verbal reports have been made. These have comprised all parts of the body liable to catarrhal diseases, except the vesico-genital organs of the male. The committee, far from having exhausted the subject in these reports, feels that it has only made a beginning, the completion of which must be left to abler minds. By catarrh, or by this term, we express the idea of an inflammatory disease of the mucous membrane, generally caused by exposure to changes of temperature. Lately, however, the term has been more restricted, and perhaps justly, being used to convey the idea of an inflammation of the mucous membrane of the nasal passages, larynx and chest.

How common this inflammation is, may be inferred from what Watson says: "There is scarcely one in a thousand who passes a winter without an attack." Such being the frequency of the disease, we may be pardoned if we trespass on your time by further consideration of it.

Let us review. Catarrh of the air passages is an inflammation of the mucous membrane, which is prone to pass, erysipelas-like, to other portions of the same, and which often implicates the whole of it. Strictly, the primary condition is one of decreased secretion. The membrane is dry and thick, even impeding respiration by lessening the size of the passages. The secondary condition is one of increased secretion, which is not, however, followed necessarily by relief; for the first flow is generally thin and acrid, poisoning all the parts over which it passes. Following this is a bland, thick mucous, which marks the period of improvement. The first of these periods is marked by fever, with its common accompaniments. This continues a longer or shorter time in proportion to the severity of the case and its extent; with the decline of the fever generally appears the increased secretion. We will pass over the treatment of the primary stage, as this, in the experience of the committee, is not generally difficult; but when the primary condition has not been cured, and the disease has passed into the secondary, uninfluenced by treatment, we have a condition which requires careful investigation.

The inflammation, from being acute, is now sub-acute with tendency to continue indefinitely; there is pain and soreness manifested on sneezing and coughing. All the sufferings are generally increased in the afternoon and fore part of the night, when the secretion is lessened, and the membrane becomes dry and thickened. The latter part of the night, and through the morning, all the sufferings are lighter, and there is a more or less free discharge of comparatively thick, yellowish mucus. Without comparing the symptoms and the pathogenesis of pulsatilla, side by side, let us assume that the condition described and the effect of puls. on the healthy are nearly the same; so much so, that perhaps no remedy in the materia medica is so often prescribed for it as puls. According to our law, puls. ought to cure the totality of the symptoms, but in many cases, and perhaps in the majority, it fails to do so; nor have we any remedy in common use which has all the symptoms nearly as fully as puls., sulph., calc., hepar, carb. veg., in many things resemble the case under consideration, but none so well as Puls. One case of this kind, from practice, will bear detailing, and perhaps serve to express the view of the committee better than in any other way.

CASE I.:

Mrs. Smith, fifty years old, had for years been subject to catarrhal attacks which came on early in the fall, upon the first change from warm to cold weather. These lasted until warm weather came again next summer. Any exposure, even the slightest, aggravated the condition severely. The result was that the lady was sick all winter; there was soreness and pain of the whole chest, worse at the superior portion; cough was more or less constant, but increased when lying or during exercise. There was shortness of breath; the cough was almost constant in the morning, attended by

expectoration of slime and yellowish mucus of a salt taste. The cough was spasmodic and attended with retching and inclination to vomit; there was discharge from the nose of thick, yellow mucus.

This case was prescribed for repeatedly every year, and she got puls., sulph, calc., hepar. and several other remedies with no decided benefit. The symptoms were palliated by calc., but not cured. This was the history for years. The patient came to feel that there was no help for her, and that the end of her disease was consumption.

In searching for the curative, after many hours a remedy was found whose pathogenesis contains the following: "Scraping and dry feeling in the larynx, increased toward evening, and accompanied by hacking cough and hawking; cough which wakes him at six A. M., having remissions of a minute. It is at first dry, clear and barking; subsequently some thick mucus is detached, and the effort of doing this causes desire to vomit, accompanied by an excoriated feeling in the throat and pressive headache. Easy expectoration in the morning; expectoration of a yellow mucus of an acrid taste." These symptoms are found in the pathogenesis of coccus cacti. Two grains of the cochineal of the shops were triturated up to the third. Two powders of one grain each were given, one to be taken every evening. The first dose aggravated the case, consequently the second was not taken. After a few hours there was amelioration, followed by entire relief in two days. Mrs. S. has had no return of the catarrh for two winters.

Cases similar to the above have been common with us, and coccus cacti has seldom failed to cure in the same prompt manner.

On the authority of Dr. Lippe, of Philadelphia, we recommend this remedy in the troublesome coughs of drunkards.

Another form of catarrh, which is new to the committee, has been observed during the past winter and spring. The symptoms defy classification, and appear without order or regulation. There would be excessive dryness of the mucous membrane lining the nose and soft palate; deglutition difficult from a feeling as if the soft palate were stiff, like leather. Occasionally, with great effort, a piece of dried, hardened mucus would be discharged, looking like a scab. After this mucus was dislodged, the stiffness was somewhat less, but for a short time. The feeling of dryness became painful toward evening and at night; generally by morning the distress was little. The patient would feel nearly well, yet before night his complaints would be more than ever. Sometimes these spells of dryness and distress alternated with periods of entire relief several times a day. This peculiar type seems inclined to become chronic. No remedy seemed to be of decided benefit until sticta pul. was used; this had a powerful effect, and in some cases immediate relief followed its administration. The first account of its use was in the *North American Journal of Homœopathy*. This was copied into the *London Homœopathic Review*. Mention of it was also made in the *American Homœopathic Review*. Some western physicians have used it, and given the results in the *Investigator* or *Observer*. It is undoubtedly a remedy of very great value in catarrhal difficulties. The committee desire to call your attention especially to this remedy, and

to urge members of the society to prove it on themselves and others. Dr. Robinson has had some very pleasing results from its use, and perhaps by proper solicitation he might be induced to give the results of his valuable experience.

Another remedy of special importance in catarrh is kali. hyd. Dr. Robinson, Jr., being the special champion of this valuable medicine, we shall only point you to him as a source of information on this subject.

ARTICLE VII.

Report on Clinical Medicine. Clinical Cases. By A. Judson Brewster, M. D., of Cato, N. Y.

Case I.—*Ascites.*

Mr. S., aged seventeen years, of light complexion and blue eyes, a farmer, was attacked early in the spring with pneumonia, which was of a typhoid character. The cough was attended by profuse expectoration; there were profuse sweats and great debility. He was cured by aconite[6] and phosphorus[12].

In autumn of the same year I was called to him again and found him suffering with abdominal dropsy. So great was the effusion that his weight was thirty-six pounds in excess of his greatest weight in health. He had been three or four months in this condition; had frequent attacks of watery diarrhœa, lasting several days and leaving the patient exhausted, emaciated and unable to leave his bed without help. He would then rally and the filling-up process would recommence. His parents were much alarmed and thought him sinking. He had been treated for ulceration of the liver with drugs, during the whole summer. Several remedies were given without effect. On a closer examination I learned that, during his childhood, he had presented various symptoms of scrofula which, though they had long since vanished, induced me to give silicea. He received silicea[12], a dose morning and evening, and was cured. In the space of six days he lost fourteen pounds in weight.

Case II.—*Paralysis of the Throat.*

Mr. B., aged thirty-three years, dark hair and skin, a mechanic, had been suffering for years from a difficulty of the throat. A tickling in the left side of the throat, producing a short dry cough, which was aggravated by reading, singing, or any use of the voice. Even listening to any one reading aloud would induce the same disposition to cough. Hoarseness, at times entire loss of voice. The whole difficulty was referred to a small spot on the left side of the throat, a sensation as from something sticking in that spot, and which cannot be removed.

All the symptoms were relieved by eating, the patient often remarking that if he could eat all the time he should feel well.

He was emaciated, debilitated and evidently sinking under the disease. The case had preserved its characteristic individuality for years, although it had been treated with the caustics usually employed by the old school.

Lachesis^{200}, a dose every morning and evening, was administered for a few days. To the great astonishment of the patient, all his symptoms as above related gradually disappeared. He can now sing, read or talk aloud with his original strength of voice, and two years have elapsed since he received the medicine. There has been no recurrence of the disease.

Case III.—*Partial Paralysis.*

Mr. K., aged twenty-eight years, of a dark complexion, with black hair and eyes, had been suffering, when I was called to see him, for fourteen days from an attack of typhoid fever, under allopathic treatment. I found, September 10, 1863, as follows: tongue very yellow, clean and smooth, partially paralyzed He swallowed and articulated with great difficulty; had a dry, short cough, with lameness of the chest; partial paralysis of the left side; the arm and leg were left wherever the nurse might chance to place them; motion caused great pain. He muttered while asleep; had but little thirst; pulse small and rapid; bowels hopelessly constipated. After a careful examination of the case, I could think of no other remedy but lachesis, of which I gave the twelfth, one drop in water every three hours.

On visiting the patient next day, I found he had passed a better night, and his symptoms were all better. I continued the same remedy for six days, when my patient was convalescent, able to sit up and to walk about a little.

Case IV.—*Cardialgia.*

Mrs. V., forty years of age, had had cardialgia for several months. I found her pale and much emaciated. She had been pronounced hopelessly ill of tubercular consumption, although she had no cough. She had the most excruciating pain; commencing in the region of the stomach and radiating over the entire chest and bowels, relieved by eating, but returning from one to three hours afterwards with great severity. I gave lach.^{12}, three powders each day, and saw the patient again on the third day. To my great joy she was comparatively well, had had no paroxysm, and since the second dose none whatever. Two years have now elapsed and she has had no recurrence of the pain but enjoys very good health.

I may state summarily that I have found lachesis of greatest value in the treatment of hydrothorax with swelling of the feet and dyspnœa, especially when the trunk is raised and bent forward; in erysipelas with a tendency to gangrene; in deep sloughing erysipelatous ulcers and also in chronic bronchial catarrh. Lastly, I have found it indispensable in diphtheria.

Case V.—*Unequal Development of Twins.*

In the town of Lysander, Onondaga Co., during the month of January, 1864, after a natural labor, Mrs. A. was delivered of a fully developed and perfectly healthy child. She made a good convalescence and was about the house within the usual period. After the lapse of about seven or eight weeks, she was again seized with labor pains and delivered of a second child as perfect in every particular as the former. The mother and both children were, at last accounts, alive and in good health. The case is well

known throughout the neighborhood, and the above statement can be perfectly authenticated in every particular.

CASE VI.—*Neuralgia of the Testicle.*

Mr. W., a large, robust, healthy man, about fifty years of age, of phlegmatic temperament, light complexion, blue eyes and mild disposition, was attacked with a violent, pulling, drawing pain in the left testicle, following along the course of the spermatic chord and spreading out in the abdomen. I found the patient lying on his back, rolling to and fro and complaining bitterly of the severity of the pain. He suffered from chilliness most of the time, with little fever and no thirst. He despaired of recovery; indeed it was a perfect case of melancholy with the settled conviction that the disease was incurable. Yet the case was cured with one prescription of pulsatilla[6]. Ten pellets in half a glass of water gave relief after the first dose; after the third he fell asleep, and on continuing the same medicine two or three days, he was discharged cured.

CASE VII.—*Pneumonia—Hepatization.*

Mr. P., a lad of sixteen, of nervous, bilious temperament, dark hair and eyes, had been suffering for several weeks, with morning chills and evening fever, dry cough, hoarseness, short breath, oppression of the chest, night sweats, darting pains through the left side to the shoulder. Auscultation and percussion revealed dullness of the left lung; cough violent on arising in the morning; sleep restless and troubled; patient was low-spirited, was emaciated, and had morning sweats with failing strength. The friends feared that consumption had already become seated, and the writer was alarmed lest hepatization had gone too far to be arrested by remedial agents. With the hope of relieving the patient, we prescribed sulphur[30] one dose morning and evening for four days, and allowed it to act for some time. Improvement began in a few days, the symptoms disappeared gradually, and in the space of three or four weeks, he was cured. He had no other medicine.

CASE VIII.—*Typhoid Diarrhœa.*

Mrs. L., a middle-aged lady, with light hair and eyes, and freckled face, sanguine temperament, had been laboring under an attack of dysenteric fever for ten days, and had taken many of the usual specifics for that disease without benefit. The writer found her suffering from the following symptoms:

Frequent small, muco-sanguinolent stools with fever of a typhoid type; much stupor and low muttering delirium; partial paralysis of the tongue; articulation very difficult; deglutition very difficult, and only when aroused from stupor, which is so great as to require considerable effort to awaken her. I well remember the anxiety that we felt in this case, for it was in a family that knew nothing of homœopathy, and consequently had but little confidence in its practise. Acidum muriaticum was given, and to the great surprise of the family cured the patient. No other medicine was needed in the case.

CASE IX.—*Left Ovarian Tumor.*

Miss W., a maiden lady of twenty-five years, applied to me for treatment of inflammation and induration of the left ovary. The organ was enlarged so much as to be distinctly felt through the abdominal walls. There was some tenderness to the touch and motion, caused pain in the tumor. Several remedies were given with only temporary benefit, when as a last resort lachesis[12] effected improvement in a few days, and after a few weeks' use of the same remedy, the patient was discharged cured.

CASE X.—*Typhus Nervosa.*

Miss R., a young lady of about twenty years of age, of good constitution, dark hair and eyes, cured of an attack of typhus nervosa by lachesis[12]. She suffered extreme nervous sensibility with little pain; her tongue was red and spots like erysipelas would appear for a short time on the face and neck and then reappear on the next day.

The above cases were all cured by single remedies after having been unsuccessfully treated in various ways. It may not be possible to cure all the patients who come under our care with one remedy, but we believe they are most successful who prescribe only one remedy at a time. It gives us the advantage of knowing with which remedy we cure and with which we fail. We look upon this as a vital point, and the principle on which we gain all our knowledge of the law of cure.

The following cases of congestion of the posterior lobe of the brain, cured by aconite, alone, may give some idea of the value of this remedy in typhoid, as well as inflammatory conditions of the brain:

CASE XI.—*Cephalitis.*

Mr. L., a farmer, forty years of age, of sanguine, nervous temperament, rather dark complexion, was attacked, July 20, 1863, with slight chills, burning heat, vertigo, heavy throbbing in the back and lower part of the head, trembling of the limbs and general prostration. These symptoms continued several days, when he gave up and took to his bed, saying that his head was so heavy he could not hold it up. At this stage of the disease, I found the patient in bed, closely covered, sweating profusely, with red face and pulse soft, slow and easily compressed, sometimes sinking as low as forty. He wore an anxious expression, laid on his back perfectly prostrated, and could not move the head without increasing the pain, which was a heavy throbbing in the posterior lobe of the brain, with severe stitches, on motion, running through the temporal region. The throat and mouth were dry; skin burning hot, covered with sweat, and chilly whenever exposed to the air.

After administering several remedies without avail, I was induced to try aconite. The symptoms which led to this selection were the heavy throbbing and stitches through the head, the stupor, though that was not very marked, and the violent pressure upon the brain, as evidenced by the sluggish pulse. Aconite[3], decimal attenuation, drop doses in water, every hour at first, gave almost immediate relief. The patient was able to sit up in a few days and had a rapid and almost perfect convalescence.

CASE XII.—*Cerebitis.*

Mr. T., also a farmer, of a mixture of the nervous and sangnine temperments, had lost much sleep in attending upon his wife, who had recently died with cerebral typhus. After a long precursory stage, he was prostrated at once with violent pain, principally in the back part of the head. He was unable to leave his bed, on account of the violent burning, throbbing pain in the back and base of the head. Other symptoms were, vertigo, dry, red tongue, thirst, frequent chills, full, sluggish pulse, pounding away at the rate of forty per minute, and almost constant perspiration with debility.

Belladonna controlled the symptoms for a time, but they soon returned with all their former violence. Aconite[a] was then given in drop doses, every two hours, three or four times, and then at longer intervals. As in the first case, improvement followed almost immediately. The pulse softened and rose to seventy-five in a short time; the perspiration ceased gradually, and the violent pain in the head soon subsided. In six days, I was able to pronounce him cured. These cases occurred in a district where typhus in its various forms had prevailed during the entire season.

ARTICLE XXXVIII.

Report on Clinical Medicine. Cases from Practice. Diseases of Children. By C. E. SWIFT, M. D., of Auburn.

In reporting on diseases of children I present a few cases that I have treated, and which I deem of sufficient interest to present to the Society.

Diphtheria which has caused so much anxiety and careful watchfullness among both parents and physicians, and which has proved so fatal in some parts of our State should be noticed. I need not take up time with a history or description of this disease, for we all understand what the disease is; although I fear that we do not all know how to cure it in all its forms. My object, at this time, is to make a statement of a few cases which have come under my care, and in which I have found the action of the medicine so prompt in each case, that I feel it a duty I owe to the profession to report them to this society. I would first call your attention to the successful treatment of diphtheria with muriatic acid.

CASE I.—*Muriatic Acid in the Treatment of Diphtheria.*

I was called, on Wednesday, September 16th, 1863, to see a child aged eight years, who was taken the day before with diphtheria. The symptoms were as follows; pulse accelerated; slight fever; both tonsils and uvula red, congested and swollen with patches of false membrane on both tonsils, of a cheese-like appearance; general prostration; tongue coated yellowish white; no appetite, slight thirst. I gave belladonna[a] and mercurius protiod.[a], in alternation every two hours. Next day (17th), no change, treatment continued.

18th. Patient seemed somewhat better.

19th. Found the child worse and the disease tending toward the putrid type. Trembling of the hands; nose bleed, blood dark and putrid; great prostration; restless, with slight delirium; very little rash and the peculiar putrid smell which always attends this disease in its worst form. I pre

scribed muriatic acid, in solution, five drops to a quarter of a tumbler of water, a teaspoonful every hour.

20th. Patient improved; treatment continued; dose every two hours.

21st. Still improving; medicine continued.

22d. Improving finely; dose every three hours, and I gave no other medicine but the acid, until the patient was dismissed. I never saw a more marked and prompt action of a remedy in this disease than was obtained from muriatic acid in this case, and I have no doubt that it saved the life of the child.

CASE II.

February 1, 1864, I was sent for to visit two patients in the same family, the father aged 45 years and the son 12 years of age. About a week previous a little daughter had been taken with diphtheria, was treated by an allopathic physician, and had died that morning. She was then lying in the house. The father and son had been sick some two or three days. The father I found in the following condition:

Slight fever; pulse slow and weak; little thirst; tongue coated, thick yellowish white; uvula and tonsils swollen, red and covered with a thick whitish false membrane; putrid smelling breath, with sordes on the teeth; a complete sore or scabby condition of the lips, enclosing the mouth; more or less rash on the body and limbs; nose bleed every few hours; blood dark and fetid. I gave muriatic acid[1], in solution, a dose every hour. Next day (April 2d), symptoms about the same; continued same treatment.

April 3d. Decided improvement; medicine continued; a dose every three hours.

4th. Doing well; same treatment.

5th. Improving fast; a dose every few hours; medicine the same.

6th. Patient convalescent, and discharged next day cured.

CASE III.

The boy's symptoms were as follows: Considerable fever; red and swelled uvula and tonsils, with slight membranous deposit; pulse weak and rather quick; bloated face; pain in the lower limbs; feet swelled and painful; no rash. Prescribed belladonna[2] and mercurius protiod.[3], in alternation, every two hours.

April 2d. Less pain in the limbs and feet, but restless; throat somewhat better; less redness; some appearance of rash. Gave mercurius protiod. and rhus tox., in alternation, every two hours.

3d. Found the patient as follows: Breath putrid; nose bleed; blood dark and fetid; dark crust upon the lips, and a light scarlet rash upon the whole person; great prostration and slight thirst. I prescribed muriatic acid[1], in solution; a dose every hour.

4th. Patient much better; treatment continued.

5th. Boy doing well; medicine the same; dose every three hours.

6th. About well; same treatment; discharged on the 7th cured.

I have no doubt from the success that I have had with muriatic acid in diphtheria, that it is one of the best remedies we have in the treatment of this disease, when its tendency is to run into the putrid form, and I feel safe in recommending it to the members of this society who have not already tried it.

CASE IV.—*Congestion of the Brain.*

In the summer of 1860 I was called to see a child, aged about fifteen months, which had been treated by two allopathic physicians for acute inflammation of the brain. The child had been under their care for some ten days and they had given it up to die, and told the parents there was no help for it. I found the child lying upon its back, boring with the head into the pillow; the pupils dilated and insensible to the sight; head hot; much thirst; clawing of the head with the right hand and knitting of the brows; had laid in this condition for several days. I prescribed for the child with great reluctance, and told the parents that I did not think I could save it, but would try. Gave belladonna^{30} and helleborus^{30}, in alternation, every three hours. Next day no change; continued same treatment; in forty-eight hours found a slight improvement; the third day decided change for the better; child could see and all its symptoms better. Continued the belladonna and hellebore at lengthened intervals, until the child was dismissed cured.

CASE V.

Hydrothorax.—Three years ago I was sent for to visit a boy, about 12 years of age, and found him with the following symptoms: He was troubled with a dry cough; the lips bluish and bloated; could not lie down; difficulty of breathing, with effusion of water in the chest. I gave arsenic, helleborus and digitalis without any marked effect. Then I prescribed apis mel.^{3} in two drop doses, every two hours. In twenty-four hours some little improvement, in forty-eight decidedly better. Same medicine continued, and a dose every four hours, and in the course of two weeks I dismissed the patient cured.

CASE VI.—*Post Scarlatinal Dropsy.*

About the 10th of March, 1864, I treated a child, aged three years, for scarlet fever, and dismissed it the latter part of March. On the 1st of April was called again to see the same child, and found him with anasarca. I learned upon enquiry that during the afternoon before the child had been suffered to lie upon the floor with the door and window open, and, draft of air blowing upon him, he had taken cold. His condition was as follows: pulse quick and feeble; urine scanty; inability to lie down; dyspnœa; abdomen distended: great prostration and general dropsy. Gave ars. alb. and helleborus, for twenty-four hours, without relief. Then prescribed apis mel.^{3}, in solution, every hour. Patient relieved after the second dose, which improvement continued under the use of apis mel., at lengthened periods, until the child was cured.

ARTICLE XXXIX.

Report on Clinical Medicine. Case of Anasarca. By H. ROBINSON, Sr., M. D., Auburn.

Mrs. J., about fifty years of age, of a leuco-phlegmatic temperament, has been afflicted for many years with an ulcer on her ankle, the result of a phlegmatic inflammation after the birth of one of her children. After exhausting the allopathic school and the whole range of "patent medicines"

to heal this ulcer, she abandoned the whole, and trusted to nature and bandaging for relief, but no material relief followed.

I was called to see her in the month of February (she lives about ten miles out of the city). I found her in the following condition: General dropsy; the cellular tissues completely infiltrated; by taking hold and pressing upon her limbs the water could be felt in the cellular membrane; around the eyes and under them was almost clear as crystals; the urinary secretion was almost suppressed (not over a gill or half a pint being passed in the course of twenty-four hours); the abdomen was very much distended, and the chest was so much involved in the general disorganization that she was unable to lie down, but was raised about 45°; bowels were costive; thirst almost insupportable.

Taking a general view of this case, her age and temperament, and all the circumstances attending it, I could see but little prospect of a recovery; if any it would be under arsenicum, and this of a high attenuation. I therefore selected the 800th potency, eight globules dissolved in two ounces of water, and directed to give a teaspoonful morning and evening. I gave the first dose about 10 o'clock A. M.; she took another dose that evening as directed. I left her with the promise of visiting her again in ten days if I did not hear from her before the expiration of that time.

At the time appointed, I visited my patient, and to my great astonishment, every symptom of dropsy had disappeared. She told me, that the evening of the day I first saw her, the secretion of the urine had nearly doubled, and continued to increase until she passed from four to six quarts per day.

On my second visit, the urinary secretion was normal, her bowels regular, and she could lie down as usual and walk about the room. I suspended all medication for a week or more. On my third visit, I examined the ulcer, and found it in a more healthy condition than it had been for a long time. I gave her another dose of arsenicum^{800}, then silicea^{200} once a week, for three or four doses, then hepar sulphur^{200}, which completed the cure of the ulcer.

Thus with this remedy alone, she was cured of every symptom of dropsy, and restored to her general health; and with the aid of silicea^{200}, and of hepar sulphur^{200} she was cured of an ulcer of over thirty years standing.

ARTICLE XL.

Report on Clinical Medicine. A Case of Phlebitis. By H. Robinson, Jr., M. D., of Auburn.

Mrs. W., aged sixty years, of a nervous temperament, was taken on the 25th of March last, with a severe chill which was succeeded by a fever. Thinking it was simply a cold she sent to my office for a prescription, when I sent her aconite, and gave instructions to send for me in the morning if she was no better. She, residing six miles in the country, did not send for me until the 27th, when the following symptoms were present:

Symptoms. Great pain in the right leg, from the knee to the hip, much swollen and quite sensitive to the touch. The cutaneous veins were hard,

swollen, knotty and painful. The skin erysipelatous, pulse 120, small and wiry; much thirst, no appetite, bowels costive, urine red and scanty, patient feeling much debilitated. I prescribed aconite[1] and belladonna[1], to be taken alternately every three hours.

March 28th. In visiting my patient I found her no better. The same symptoms were present as yesterday, with an increase of erysipelatous inflammation. The redness of the skin, and the varicose appearance of the veins, had extended to the abdomen. I now gave belladonna[1] and pulsatilla[1], alternating every three hours.

March 29th. The symptoms same as yesterday, veins of the abdomen hard like cords, skin red and swollen, urine suppressed, great debility, pulse 120, pain increased by being moved, and in the kidneys. Gave hamamelis virginiana[1], five drops in a goblet half full of water, a tablespoonful every three hours.

March 30th. Had passed a more comfortable night. Pulse 100; urine still suppressed; the abdomen very hard and red (bright red); pain less severe and the veins not as distinctly felt. Continued hamamelis[1]. It being very difficult for me to call the next day, I gave instructions to send me word if no better.

April 1st. Found my patient sitting up. The abdomen softer; the veins losing their whipcord feeling; no pain except on pressure; urine returned, yet scanty; thirst less; appetite still absent; pulse 95. Same treatment.

April 6th to 22d. The improvement under the use. Hamamelis continued, and on visiting my patient on the 22d, I discontinued its use and dismissed her as cured.

Here let me remark, that from the time that hamamelis was first given, improvement began, which did not flag until complete restoration. The pathogenesis of hamamelis being so very meagre, it was with much hesitation that I prescribed it; but after studying my case very closely, I could find no remedy that seemed more plainly indicated. I gave it, and had the satisfaction of witnessing its action in this rare disease with a splendid result.

ARTICLE XLI.

Report on Clinical Medicine. Case of Chronic Epididymitis. By HENRY D. PAINE, M. D., of New York.

Chronic inflammation, enlargement and induration of the epididymus of the left side, of three years standing—the result (probably) of suppressed gonorrhœa. Patient aged 40, otherwise in good health. Painful tenderness of the part, extending to and involving the chord for half or three-quarters of an inch; sense of weight and dragging in the scrotum, even when supported, with depression of spirits and misanthropy. Anaprhodisia.

For nine months he had taken thuja, from the 12th to the 200th dil., without apparent effect. The case yielded at last, after three months treatment, to the same remedy in drop doses (daily) of the mother tincture. The improvement in the mental state has been as decided as in the physical symptoms. No return of the trouble for five or six months, and the case may, I think, be considered fairly cured.

COLUMBIA COUNTY HOMŒOPATHIC MED. SOCIETY.

ARTICLE XLII.

List of Officers, Delegates, Committees and Members.

Officers elected October 4, 1864.

Dr. Abijah P. Cook.....	Hudson	President.
T. T. Calkins.....	Coxsackie.....	Vice President.
E. Holley.....	Hudson	Secretary.
Philip W. Mull	Ghent	Treasurer.

Censors.

Dr. L. B. Hawley.....	Kinderhook	Columbia county.
James F. Philip	Claverack.....	do
T. T. Calkins.....	Coxsackie.....	Greene county.

Delegates to the State Homœopathic Medical Society.

Drs. E. Holley, T. T. Calkins.

Committees.

Dr. R. V. S. Blighton, Diseases of Children.
E. Holley, Materia Medica.
P. W. Mull, Surgical Cases.
J. S. Philip, Prevailing Epidemics.
A. P. Cook, Obstetrics and Diseases of Women
J. F. Philip and W. H. Barnes, Cases from Practice.

Members.

Dr. Abijah P. Cook.....	Hudson	Columbia county.
E. Holley.....	do	do
James F. Philip ...	Claverack.....	do
Philip W. Mull	Ghent	do
W H. Barnes	Spencertown	do
T. T. Calkins.....	Coxsackie	Greene county.
J. S. Philip	Catskill.....	do

The annual meeting is held on the first Tuesday of October; the semi-annual on the first Tuesday of May.

CHAUTAUQUA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Article 43. List of Officers, Delegates, Committees, and Members, 1865.
44. Introduction and Progress of Homœopathy in Chautauqua County. By ELIAL T. FOOTE, M. D., of New Haven, Conn.

ARTICLE XLIII.

List of Officers, Delegates, Committees, and Members, 1865.

Officers elected June, 1865.

Dr. Cornelius Ormes.....	Jamestown	President.
John T. Blakely.....	Dunkirk	Vice-President.
Asa S. Couch.....	....	Sec'y and Treasurer.

Censors.

Dr. E. L. Lakin.....	Sherman	Chautauqua county.
George A. Hall.....	Westfield	do
A. F. Ward.....	Jamestown	do
R. J. Curtiss.....	Mayville	do
F. D. Ormes	Panama.....	do

Delegates to the State Homœopathic Medical Society.

Dr. W. S. Hedges, Dr. George A. Hall.

Committees.

Drs. A. F. Ward, George A. Hall, R. J. Curtiss, Bureau for the Improvement of Materia Medica.

J. T. Blakeney, George A. Hall, A. S. Couch, Clinical Medicine.

Dr. C. P. Graves, Diphtheria.

A. S. Couch Surgery.

E. L. Lakin, Diseases of the Throat.

J. T. Blakeny, Ulcers.

F. D. Ormes, New Remedies.

Members.

Dr. Cornelius Ormes.....	Jamestown	Chautauqua county.
W. S. Hedges.....	do	do
A. F. Ward.....	do	do
John T. Blakeney.....	Dunkirk	do
Asa S. Couch.....	Fredonia	do
George A. Hall	Westfield	do
C. P. Graves	Clymer	do
R. J. Curtiss.....	Mayville.....	do
F. D. Ormes.....	Panama	do
Charles Parker	do	do
E. L. Lakin.....	Sherman.....	do
E. T. Brown.....	Sinclearville.....	do

The annual meeting for the election of officers is held on the third Tuesday of June; other meetings at the call of the president, on the written request of three members.

ARTICLE XLIV.

Introduction and Progress of Homœopathy in Chautauque County. By ELIAL T. FOOTE, M. D., of New Haven, Conn.

To the Homœopathic Medical Society of the State of New York:

It is now nearly fifty years since I settled as a physician at Jamestown, Chautauqua county, the village being then in the wilderness without a name. The entire county at that time probably contained fewer inhabitants than some of its towns at this time.

For many years I have been in the habit of preserving facts relative to early settlements and early settlers in the county, that the information thus preserved might remain for future generations.

I have recently communicated to the New York State Medical Society my *reminiscences relating to the early settlements and early physicians of Chautauqua county, and the organization of its medical society*, which I suppose will be published in the Transactions of the present year. That communication gives a history of medical matters and physicians from the settlement of the first physician in the county up to 1818 inclusive.

At the request of members of your Society, I now propose to communicate to the Society facts relative to the origin and history of homœopathy and homœopathic physicians in that county.

In the summer of 1833, Joseph Birnstill, M. D., a homœopathic physician recently from Germany and a graduate from a German university, came to Dunkirk, N. Y., and commenced practice. At that time the term homœopathy had scarcely been heard of in the county, and even where known was received only with ridicule. Dr. Birnstill was "stranger in a strange land," and most unfortunately his knowledge of the English language was so limited that he could converse intelligibly only in the German language or by an interpreter. At that time there was hardly a person in the county that could speak the German language. Dr. Birnstill made some prescriptions, mostly in chronic cases, and it is said, was quite successful.

After about eight months he removed to Westfield, and commenced practice in that village. He was gradually acquiring the English language, and his business increased, especially in chronic cases that had been abandoned as hopeless by other physicians. Still he met with no sympathy from other physicians, and in about two years he removed to Buffalo, but after spending a few months there, he returned to Westfield and resumed practice there. He had performed some cures which were too palpable to be doubted, and some intelligent families had entire confidence in his method of practice and recommended him to others. He finally applied to the Chautauqua County Medical Society for membership, and presented his parchment evidence, duly authenticated, of his having received the degree of doctor in medicine, but I well recollect he was rejected solely on the ground of his homœopathic practical views. He was threatened with penal prosecution for illegal practice under the statute, for as the law then stood, he was liable to prosecution and a fine. Still he continued to prescribe, and I know from gentlemen of the highest respectability, tht he performed some important cures, which ought to have done honor to any physician; and but for his poverty and foreign birth, together

with the ridicule of allopathic physicians, he would have risen in public estimation and favor, but he finally became discouraged and removed to Erie, Pa., in 1839, and thence to Massillon, Ohio, where he lost his health. Finally he removed to Massachusetts, where he has had a good practice. He now resides at Newton Corner, Ms. I resided thirty miles from the place of his labors in Chautauqua county. To David Eaton, Esq., of Portland, one of the earliest pioneer settlers of the county and a gentleman of intelligence, candor and integrity, who was acquainted with Dr. B. and some of the cases he cured, I am indebted for many of the facts here related. After Dr. Birnstill left Westfield, the county was for some time without a homœopathic physician, still the cures he had unquestionably performed made their impression on many intelligent respectable families who much regretted his departure.

Dr. Alfred W. Gray, the son of Judge John Gray, was born in Sherburne, N. Y., in 1802, and removed with his parents to Sheridan, N. Y., in 1818. He read medicine in Madison, Ohio, and was licensed by the Ohio State Medical Society in 1823. He married in Chautauqua county and removed to Brownville, N. Y., where he became a member of the Jefferson County (N. Y.) Medical Society, and had an extensive practice from 1825 to 1832. He was an elder in the Presbyterian church, esteemed as a physician and Christian. He finally felt it his duty to preach the gospel, and was licensed and ordained by a Presbytery, and removed to Ashville, Chautauqua county, and he labored acceptably and efficiently as a pastor in the churches of Ashville, Panama and Portland for about twelve years, during which time he was in the habit of occasionally making prescriptions, and meeting physicians in council, gratuitously, among his parishioners and friends.

While pastor of the church at Portland, he saw two important cases successfully treated by Dr. Birnstill, among his parishioners, which he and other physicians had pronounced hopeless, yet he hesitated about the principles of homœopathy, although "almost persuaded."

Dr. Wolcott, a practising physician in Portland, and residing near Dr. Gray, saw the preceding cases treated by Dr. Birnstill, and concurred in the opinion of Dr. Gray that they were triumphant cases for homœopathy.

In 1841, John F. Gray, M. D., of New York, visited his father and relatives in Chautauqua county, and his brother, Dr. Gray, of Portland. While on this visit to his brother he laid before him and his neighbor, Dr. Wolcott, his views of homœopathy, and left with his brother some books and a case of medicine. They read the books but still doubted. The scarlet fever finally prevailed in the neighborhood in a severe form, and Dr. Wolcott treated it allopathically as usual, but it proved very mortal, and Dr. Gray advised to treat some cases homœopathically. He consented to do it if he would consult with him as to the remedies to be used; this was agreed to, and they read and prescribed as well as they could, with better success than from the old mode of practice. Yet they hesitated about adopting homœopathy, and were as Gen'l Root used to say of hesitating politicians, in "a state of betweenity."

In 1843 Dr. Gray's voice so far failed that it became evident that he would probably be compelled to leave off preaching, and being dependent on his labor to support his family, he naturally had his mind turned towards

his original profession, and although still preaching, he read homœopathic books attentively, and procured others which he examined critically.

In 1844, his weakness of voice continuing, he resigned his pastoral relation to the church in Portland, and was honorably dismissed. He then commenced the practice of homœopathy in the neighborhood where he had been preaching for years, with a success that inspired him with confidence to persevere. Dr. Wolcott was also treating at least a portion of his patients homœopathically. Dr. Gray was frequently called into different towns professionally among his acquaintances, and his practice was constantly increasing in extent and reputation. Dr. Wolcott was also frequently called to other towns to those desirous of testing the new system.

In the fall of 1845, Dr. Gray removed to Jamestown, then the largest village in the county, and commenced homœopathic practice there. About the same time Dr. Wolcott removed to the pleasant village of Westfield, where Dr. Birnstill was formerly located, and established himself as a homœopathic physician, and soon was constantly employed and his circuit extending.

Dr. L. M. Kenyon, an old school physician of Westfield, who had been investigating homœopathy, under the instruction of Dr. Gray, soon came out in favor of the system, and, in July, 1846, he and Dr. Woolcott formed a partnership and had an extensive practice. During the summer, Dr. Woolcott had repeated attacks of bleeding from the lungs that led him finally, but with reluctantance, to leave the Lake Shore and its winds and remove to Whitehall, N. Y., leaving a numerous circle of friends, and Dr. Kenyon as the only homœopathic physician north of the "Ridge" in the county, and with a practice that crowded him constantly. Dr. William Grosvenor Woolcott was born in Shoreham, Vt., September 28, 1828; studied medicine with W. A. Hitchcock, M. D., of Shoreham; attended a course of medical lectures at Castleton, and graduated at the Berkshire Medical Institution in the fall of 1839. Adopted homœopathy in 1843. He is now practicing homœopathy at Whitehall, N. Y., where he has resided about seventeen years. I understand he has had a good practice and is highly esteemed as a physician and citizen.

But to return to Dr. Gray at Jamestown, his business was constantly increasing, and, he being a man naturally kind and genial, and of acknowledged integrity and piety, led many to test the new system of practice under his prescriptions; and he was frequently called into other towns to consult with physicians of the old school, and some sent chronic cases to him for treatment, which led other physicians to investigate the principles and success of homœopathy under his instructions, and some of them became converts to the new system, and changed their mode of practice.

Dr. William S. Hedges, of Jamestown, who was in good business there, was one of the earliest converts to homœopathy, and soon united with Dr. Gray as a partner, and they were connected in business with an extensive practice until Dr. Gray removed from Jamestown. Among the physicians of the allopathic school, who became converts to homœopathy, were Drs. Cornelius Ormes, M. D., Roswell F. Van Buren. E. T. Foote, M. D., Benjamin Potwine, Charles Parker, L. M. Kenyon, and Dr. Crossfield, of Mayville. It was not through the mere personal influence of Dr. Gray that led

those gentlemen to abandon the old system of practice under which they had been used; far from it. He was untiring in his efforts to present the subject to them and induce them to test the beneficial effects of homœopathic remedies until they should become convinced of the superiority of the system by actual practice with their own patients.

Of the facts thus far related, I had some general knowledge as a physician and citizen of the county; but, having removed to the city of New Haven, I have relied upon my medical friends for much of the subsequent history.

In 1850, the first homœopathic medical society, in Western New York, was organized at Buffalo, which then included the homœopathic physicians of Chautauqua county; and Dr. A. W. Gray was chosen its president. I am unable, however, to give the history of that organization or the names of the other officers. I trust that some one, having a knowledge of the facts, will furnish the history for the State Society.

No mere narrative of events can do justice to the pioneers who established homœopathy and gave it character and repute in Chautauqua county. All of them were educated under the old school system and firmly wedded to its principles. They had but to go on in the beaten track and they would be supported by all the elements which enter into it and make a part of an old and firmly established system. It is perhaps one of the most trying circumstances in a man's life to change his views and practice against preconceived opinions; hence many a man has struggled against conscientious convictions of duty, rather than yield and gain the reputation of having changed his views and practice.

I entered the allopathic ranks as a practitioner, having been duly licensed for that purpose, more than forty-nine years since. I have many valued friends in that denomination whose friendship I highly prize; whose integrity and sincerity, as to their modes of practice, I do not question. They are generally contented to enjoy their own opinion, and concede to me an equal right. I was equally confirmed with them in their views for more than twenty-five years, and remained so until I *tested* the practice. I think I never should have been convinced by reading. I was like unbelieving Thomas, who declared he would not believe the testimony of his brethren, but must have the evidence of his own senses.

I do not believe there are many physicians of any denomination so depraved and corrupt, and so lost to all feelings of humanity and honor as not to administer medicines in a way they conscientiously believe best calculated to relieve their suffering patients. A physician that would practice otherwise would be at the lowest depths of depravity, and deserving a halter. While physicians honestly practice on the same principles (I did for many years), shall I ostracise them while they treat me rather as an erring brother than one guilty of crime? No, never. I will constantly bear in mind the doctrine of that great statesman and patriot, that it is "not every difference of opinion that is a difference of principle;" that "error may be tolerated, while reason is left free to combat it." How can I best convince my honorable opponent of his error—by ostracism or kindness? Let experience answer.

Must it ever remain, that the medical profession shall be noted for the

bitterness of its quarrels and the illiberality of their intercourse? How unlike the legal profession; how different from our clerical brethren! With them, Christian intercourse among different religious denominations of Christians is constantly increasing. A vast change since my recollection, when ministers of some denominations were hardly on speaking terms, but now exchange pulpits and join in social intercourse, and a kindlier feeling is growing more and more manifest, and what good man does not rejoice that it is so, and who but a bigot regrets it?

I entreat homœopathists to avoid all petty jealousies among themselves, and in all of our correspondence with other denominations of physicians treat them kindly; for, although we may conscientiously differ with them in opinion, it is not a sufficient reason for unkindness toward those who differ with us in sentiment, but are still disposed to meet us in honorable competition without ostracism. There is no more justification for intolerance among different denominations of physicians than different denominations of Christians.

"Doctrines at variance with one another may mutually partake of truth. We ought to know that to be orthodox one need not be intolerant. We should be advocates of liberal sentiments and feelings; should unite the character of the reformer with that of the conservative; and while we adhere to certain fixed principles, should leave a broad margin to progress and improvement."

Having made this digression relative to the introduction of homœopathy into Chautauqua county, permit me to give a sketch of early homœopathic physicians in that county. The following homœopathic physicians have originated or practiced in Chautauqua county.

With most of the early homœopathic physicians I was personally acquainted, but with some of the junior members I had no personal acquaintance and have relied on others for information.

Joseph Birnsill, M. D., was born in Rastadt Duke Baden, Germany, Aug. 9, 1809; was educated at the Universities of Freyberg and Heidelberg, and pursued his medical studies at Wurzburg, Bavaria, under Professor Schonbien, and finally through the influence of the much lamented Griesjelick, was converted to homœopathy, and under him he studied the system. He left Germany for political reasons in May, 1833, and landed in New York, July 10th of that year. He soon went to Dunkirk, N. Y., among entire strangers and almost wholly unacquainted with the English language.

Cornelius Ormes, M. D., son of Jonathan, was born in West Haven, Vt., Aug. 4, 1807. Read medicine with Professor Woodward of Castleton, and graduated at the Castleton Medical College in 1832, and settled at Panama, N. Y., in February, 1833, where he had an extensive practice with bad roads and his full share of the hardships of a new country. He became a homœopathist in 1846, and removed to Jamestown in 1861, leaving his son, Dr. F. C. Ormes, to succeed him in practice in Panama.

Dr. Roswell Fenton Van Buren was the son of Lambert, and born in Broadalbin, N. Y., in 1798. His father and grandfather were natives of Kinderhook, N. Y., and relatives of President Van Buren. He studied medicine in Schoharie county, and was licensed by the medical society of

that county, June 23, 1820. He settled in Clymer, N. Y., in 1823, and had a pretty extensive practice over bad roads, sharing all the hardships of a new country, that town *then* being one of the least improved in the country. In 1836 he removed to Frewsburg, N. Y., where he had a good practice with better roads and less fatigue than at Clymer. He became a homœopathist in 1846. He removed to Wisconsin in 1856, and from thence to Cherry Valley, Ill., to reside with his son Lambert, where he died suddenly, Feb. 24, 1863, aged 62.

He was a cousin of his Excellency Governor Fenton. Dr. Van Buren was a worthy, temperate, honest man, a good physician, and was highly esteemed by his employers and the community.

Dr. William S. Hedges, the son of Jonathan, was born in Utica, N. Y., June 6, 1814, and removed with his parents in boyhood to Sinclearsville. He read medicine with Drs. Stockton and Copp, was licensed by the Chautauqua County Medical Society, May 5, 1838, and settled at Jamestown, where he practiced until 1846, when he became a homœopathist. He soon formed a partnership with Dr. Alfred W. Gray, and continued in business with him until he removed to Milwaukie, since which Dr. Hedges has continued practice in Jamestown.

Dr. Benjamin Potwine, of Gerry, was the son of Thomas, and was born in East Windsor, Conn., July 24, 1788. He commenced the study of medicine in 1808, attended a course of medical lectures at Dartmouth Medical College, was licensed by the Connecticut Medical Society and practiced some years in Connecticut. He removed to the east part of the town of Gerry in 1831, and became a homœpathist in 1847. He had a fair share of business for one advanced in life and in poor health. He was esteemed as a good physician and worthy citizen. He died in Gerry, of a cancer, Aug. 26, 1852, aged 64.

Lorenzo Marcellus Kenyon, M. D., the son of Joseph Kenyon, Esq., was born in Sheridan, N. Y., in 1821. At the age of ten years he removed with his parents to Jamestown. He read medicine with Samuel Foote, M. D. and Dr. Hedges, of Jamestown. He was a young man of studious habits and strict integrity—a good student. He attended medical lectures in Fairfield in 1838–9, and subsequently a course of lectures at the Albany Medical College. He practiced a short time in Warren and Brokenstraw, Pa., with Henry Sargent, M. D., and then settled at Westfield, N. Y., where he practiced for many years. In 1846 he became a homœopathist, and entered into partnership with W. G. Wolcott, M. D., but Dr. Wolcott's health failing, he removed from Westfield, leaving him alone in an extensive practice, which he enjoyed for ten years. He removed to Buffalo in 1856 and entered into business with N. H. Warner, M. D., the principal homœopathic physician in that city. Dr. Warner died June 24, 1860, aged 52. Dr. Kenyon continued business until his health failed from over exertion, when he was compelled to retire for rest until restored to health. He has since returned again to practice in Buffalo.

Dr. Charles Parker, the son of Benjamin, was born in Otsego county, N. Y., and removed with his parents in infancy to Ellery. He read medicine with Dr. Charles B. Burrows, of Mayville, attended a course of lectures at Fairfield, and commenced practice at Ashville. He subsequently became

a homœopathist, and removed to Fredonia in 1847, where he practiced some years, and removed to Forestville. He is now practicing in Ellery.

Dr. D. T. Brown read medicine with G. W. Hazletine, M. D., and Drs. Gray and Hedges, of Jamestown, attended lectures at Geneva Medical College, and commenced practice with Dr. Charles Parker, at Fredonia, about 1848. In 1849 he removed to Kenosha, Wis., where he remained but a short time, and then removed to Milwaukie, in the same State, where he has been for some years in good practice.

Joshua Stone, M. D., was the son of Deacon Eber Stone, of Westfield, N. Y. He commenced the study of medicine with L. M. Kenyon, M. D., of his native town, in 1849, attended a course of lectures in the Berkshire Medical Institution in the summer of 1851, and subsequently a course of lectures at the Homœopathic Medical College in Philadelphia, in 1852, and graduated. He settled at St. Johnsbury, Vt., and subsequently married Eliza, the daughter of C. J. Ingersoll, Esq., of Greenfield, Mass., where he soon removed. He had an extensive practice in St. Johnsbury and Greenfield. He was rapidly rising in public estimation when his health failed under a pulmonary consumption, and died at Greenfield, September 1, 1859, a young man. In talents he was above mediocrity, a well read, intelligent physician. He was industrious, persevering, and beloved by his patients and the community. In all the relations of life he left an unspotted name, and a memory without reproach. His end was peaceful and triumphant. He left a widow.

Elisha G. Cook, M. D., is the son of Elisha, and born in Paris, N. Y., in 1817, and removed with his parents in youth to Harmony. He commenced the study of medicine with Dr. Hedges, of Jamestown; he attended lectures in the University of New York in 1846-7, and continued his studies in the office of Drs. Gray and Hedges, in Jamestown; he settled at Fredonia in 1850, where he had a successful business; he removed from Fredonia to Buffalo in 1863, where he is in good practice. He has the degree of M. D. from the Cleveland Homœopathic Medical College.

Dr. C. L. Stockton, an allopathic physician of Ripley, renounced that system in 1848 and commenced the practice of homœopathy.

George A. Hall, M. D., of Westfield, commenced the study of medicine with Dr. Kenyon, of Westfield, in 1852, and graduated at the Homœopathic Medical College in Philadelphia, in 1856, and succeeded Dr. Kenyon in practice at Westfield, and I am informed is in excellent business.

Asa S. Couch, M. D., is the son of Deacon Hiram Couch, of Westfield, and was born in that town, read medicine with his uncle, Joshua Stone, M. D.; graduated with distinction at the Homœopathic Medical College at Philadelphia, in 1855, and commenced practice in Fredonia in the spring of 1856, where he is still successful in his profession.

Dr. E. L. Lakin, the son of Luther Lakin, Esq., read medicine with E. G. Cook, M. D., of Fredonia, and settled in Sherman, where he is still in practice.

A. F. Ward, M. D., read medicine with L. M. Kenyon, M, D.; graduated at the Homœopathic Medical College in Cleveland, and is in successful practice in Jamestown.

A. E. Keyes, M. D., studied medicine with Dr. Kenyon; graduated at the

Homœopathic College in Philadelphia, and settled at Jamestown, but has since left that place, and I am not advised of his present location.

Dr. J. T. Blackney, who is a native of Ireland, read medicine with Drs. Cote and Pennyman, of Pittsburgh, and is now practising at Dunkirk.

David G. Curtis, M. D., son of Hiram, was born in Jamestown, where he read medicine with Drs. Gray and Hedges; practised a few years in Michigan; graduated at the Homœopathic Medical College in St. Louis, and is assistant surgeon on a U. S. gunboat on the Mississippi.

Dr. F. C. Ormes is the son of Cornelius Ormes, M. D., and was born in Panama. He read medicine with his father and succeeded him in practice at Panama.

Of Dr. E. S. Brown, of Sinclearsville, I have no particulars; of Dr. R. G. Curtis, of Maysville, I have no particulars. Dr. J. G. Phillips read medicine with Dr. Stockton, of Ripley, and settled in Sherman.

Dr. A. G. Bigelow settled in Maysville about 1851, where he was in practice until 1857; he then removed to Olean, where he was recently in practice.

Dr. Benjamin Keyes read medicine with his brother A. E. Keyes, M. D., and settled in Warren, Pa.

Emory R. Fuller, M. D., commenced the study of medicine with Dr. Kenyon, of Westfield, in 1847, and graduated at the Homœopathic Medical College in Cleveland. I am informed he is in extensive practice at Fort Wayne, Indiana.

I have aimed to give a plain narrative of the introduction of homœopathy in Chautauqua county, and a brief historical sketch of its homœopathic physicians. Most of them are living, and it would be premature to write their biography at this time. If this communication shall serve to wrest from oblivion the history I have written, I shall be amply rewarded for my pains. Some of the facts have been collected from distant correspondents whose recollections differed, but I trust it will in the main be found truthful and reliable. If I have committed mistakes, they can now be corrected before they become history.

DUTCHESS COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

45. List of Officers, Delegates, Committees and Members, 1861–64.
46. Report of the Dutchess County Homœopathic Medical Society, comprising
    A. Proceedings of the Sixth Meeting, held ————, 1864.
    B. Proceedings of the Annual Meeting, held November 30, 1864.
    C. Proceedings of the Semi-Annual Meeting, held April 4, 1865. By the Secretary, JOHN HORNBY, M. D., of Poughkeepsie.
47. Introduction and Progress of Homœopathy in Dutchess County. By JESSE F. MERRITT, M. D., of Staatsburgh.
48 Report on Clinical Medicine, Enteric Fever. By JESSE F. MERRITT, M. D., of Staatsburgh.
49. Report on Clinical Medicine. Gelseminum in the Treatment of Typhoid Fever. By FEDERAL VANDERBURGH, M. D., of Rhinebeck.
50. Report on Clinical Medicine. Surgical Cases from Practice. By JOHN HORNBY, M. D., of Poughkeepsie.
51. Report on Clinical Medicine. Cases from Practice. Diseases peculiar to Women and Children. By JOHN HORNBY, M. D., of Poughkeepsie.

ARTICLE XLV.

List of Officers, Delegates, Committees and Members, 1861–64.

OFFICERS ELECTED NOVEMBER 27, 1861.

Dr. Federal Vanderburgh, Rhinebeck, President.
Ephraim Case, Clinton Corners, Vice-President.
Ernst Hoffman, Poughkeepsie, Secretary and Treasurer.

CENSORS.

Dr. John Hornby, Poughkeepsie, Dutchess county.
Stephen G. Cook, Stanfordsville, do
Jesse F. Merritt, Staatsburgh do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Federal Vanderburgh. Dr. Ernst Hoffman.

COMMITTEES.

Dr. F. Vanderburgh, Theory and Practice.
S. G. Cook, Special Pathology and Therapeutics.
Jesse F. Merritt, Prevailing Epidemics.
Ephraim Case, Materia Medica.
John Hornby, Medical Treatment of Surgical Cases.
Ernst Hoffman, Diseases peculiar to Women and Children.

OFFICERS ELECTED MAY, 1862.

Dr. Federal Vanderburgh, Rhinebeck, President.
Ephraim Case, Clinton Corners, Vice-President.
Ernst Hoffman, Poughkeepsie, Secretary and Treasurer.

CENSORS.

Dr. John Hornby, Poughkeepsie, Dutchess county.
Stephen G. Cook, Stanfordsville, do
Jesse F. Merritt, Staatsburgh, do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Federal Vanderburgh. Dr. Ernst Hoffman.

COMMITTEES.

Dr. F. Vanderburgh, Theory and Practice.
S. G. Cook, Special Pathology and Therapeutics.
J. F. Merritt, Prevailing Epidemics.
Ephraim Case, Materia Medica.
John Hornby, Medical Treatment of Surgical Cases.
Ernst Hoffman, Diseases peculiar to Women and Children.

OFFICERS ELECTED NOVEMBER 28, 1863.

Dr. Federal Vanderburgh, Rhinebeck, President.
Ephraim Case, Clinton Corners, Vice President.
Ernst Hoffman, Poughkeepsie, Secretary and Treasurer.

CENSORS.

Dr. John Hornby, Poughkeepsie, Dutchess county.
Jesse F. Merritt, Staatsburgh, do
Asa Hall, Poughkeepsie, do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. F. Vanderburgh, Dr. John Hornby.

COMMITTEES.

Dr. F. Vanderburgh, Theory and Practice of Medicine.
S. G. Cook, Special Pathology and Therapeutics.
Ephraim Case, Materia Medica.
Jesse F. Merritt, Prevailing Epidemics.
John Hornby, Medical Treatment of Surgical Cases.
Ernst Hoffman, Diseases Peculiar to Women and Children.

OFFICERS ELECTED NOVEMBER 30, 1864.

Dr. Federal Vanderburgh, Rhinebeck, President.
Jesse F. Merritt, Staatsburgh, Vice-President.
John Hornby, Poughkeepsie, Secretary and Treasurer.

CENSORS.

Dr. John Hornby, Poughkeepsie, Dutchess county.
Asa Hall, do do
Ephraim Case, Clinton Corners, do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. John Hornby, Dr. Federal Vanderburgh.

COMMITTEES.

Dr. F. Vanderburgh, Theory and Practice of Medicine.
Benjamin Lansing, Special Pathology and Therapeutics.
Ephraim Case, Materia Medica.
Jesse F. Merritt, Prevailing Epidemics.
John Hornby, Medical Treatment of Surgical Cases.
Ernst Hoffman, Diseases Peculiar to Women and Children.

HONORARY MEMBER.

Dr. H. M. Paine..... Albany, N. Y.

MEMBERS.

Dr. Federal Vanderburgh.....	Rhinebeck,	Dutchess county.
Gerritt C. Lansing.....	do	do
George Lorillard.....	do	do
Asa Hall.....	Poughkeepsie,	do
Ernst Hoffman.....	do	do
John Hornby.....	do	do
George W. Burroughs.....	do	do
Ephraim Case.....	Clinton Corners,	do
Jesse F. Merritt.....	Staatsburgh,	do
Benjamin Lansing.....	Hyde Park,	do
*Stephen G. Cook.....	Stanfordsville,	do

The annual meeting is held on the first Tuesday in October; the semi-annual on the first Tuesday in April.

ARTICLE XLVI.

Report of the Dutchess County Homœopathic Medical Society, comprising:
A. Proceedings of the Sixth Annual Meeting, held ——, 1864.
B. Proceedings of the Annual Meeting, held November 30, 1864.
C. Proceedings of the Semi-Annual Meeting, held April 4, 1865.
By the Secretary, JOHN HORNBY, M. D., of Poughkeepsie.

A.

PROCEEDINGS OF THE SIXTH MEETING.

The semi-annual meeting of the Society was held at the residence of the secretary, in Poughkeepsie. The president, Dr. Federal Vanderburgh, in the chair.

On calling the roll the following members answered to their names: Drs. Vandenburgh, Case, Hornby, B. Lansing, and J. F. Merritt.

In the absence of the secretary, Dr. J. F. Merritt was chosen secretary *pro tempore*.

The minutes of the last meeting were read, corrected and adopted.

Dr. Hornby presented a report on the homœopathic treatment of surgical cases, giving cases of much interest from his practice, in this specialty. The report was accepted, and placed among the archives of the Society, and a vote of thanks extended to the author.

---

*Assistant surgeon 150th Regiment N. Y. S. V.

Dr. Hornby presented a report, as special committee appointed at the last meeting, on the printing of the constitution, by-laws, and proceedings of the Society. His report was accepted, and the committee discharged.

The treasurer being absent, the secretary's and treasurer's report was, by resolution, passed over to the next meeting.

The members present having learned that Dr. Hornby had material for a report on the diseases of women and children, it was

Resolved, That he be, and hereby is, respectfully solicited to present the same in the form of a report at the annual meeting of this Society in November next. Adopted.

By Dr. Hornby,

Resolved, That members appointed on special committees be at liberty to contribute papers on any subject deemed of interest to the profession. Adopted.

By Dr. Merritt,

Resolved, That the members of this Society be required to pay the arrearges due to the State Society, through the medium of the treasurer of this Society, and that it be enjoined upon members that they respond promptly to the requirements of this resolution. Adopted.

Resolved, That a copy of the above resolution, duly certified by the secretary, be transmitted to the secretary of the State Society for the purpose of showing the intentions of this Society in the premises.

Resolved, That the secretary notify members that all arrearages due to the Society will be expected to be paid at the next meeting. Adopted.

Dr. C. G. Lansing, of Rhinebeck, was admitted a member of this Society.

Dr. G. Lorillard was elected a member of the Society.

Dr. B. Lansing was appointed a committee on special pathology and therapeutics, in place of Dr. S. G. Cook, who is temporarily absent in the army.

In order to obtain a history of the introduction and progress of homœopathy in Dutchess county, it was, on motion of Dr. Hornby,

Resolved, That a committee be appointed, consisting of Drs. Vanderburg, Hornby and Merritt, to gather materials and present them in the form of a report at the next meeting. Adopted.

Dr. J. F. Merritt read a paper entitled "Medical Hobbyism." A vote of thanks was passed for the paper, and it was ordered to be deposited in the archives of the Society.

The meeting then adjourned to the last Wednesday in November, 1864.

B.

Proceedings of the Annual Meeting, held November 30, 1864.

The annual meeting of the Dutchess County Homœopathic Medical Society was held at the house of the secretary, in Poughkeepsie, November 30, 1864. The president, Dr. Federal Vanderburg, in the chair.

On calling the roll, the following physicians answered to their names: Drs. Vandenburg, Hornby, Hoffman and Merritt.

The minutes of last meeting were read and approved.

Dr. G. Lorillard, proposed for membership at the last meeting, was elected.

On motion of Dr. Hornby, it was

Resolved, That the expenses of the delegates to the State Society, be for the future defrayed from the funds of this Society. Adopted.

Also, That the tax of fifty cents on each delegate be paid from the treasury of this Society. Adopted.

Dr. Hornby then read his report on homœopathic treatment of diseases peculiar to women and children, which was accepted and placed in the archives of the Society.

Dr. J. F. Merritt, committee on epidemics, read a report on "Enteric Fever," which was accepted, and the thanks of the Society returned to the author.

Dr. Merritt also read a paper on "Retained Placenta with Syncope," which was accepted and ordered to be preserved in the archives of the Society.

Dr. Vanderburg read a paper on "Gelseminum in the Treatment of Typhoid Fever," which was accepted, and ordered to be preserved in the archives of the Society.

On motion of Dr. Hornby, the reports and papers of the society were ordered to be bound under covers for preservation, and Dr. Hornby was appointed a committee for that purpose.

The secretary and treasurer's report was then read and adopted.

On motion of Dr. Hornby, the secretary was ordered to furnish delegates with certificates.

Dr. Merritt was appointed a committee to open correspondence with our absent member, Dr. S. G. Cooke, for the purpose of obtaining information relative to his experience in army practice.

Notice having been previously given at the last annual meeting, Dr. Merritt offered the following resolution, which was adopted:

Resolved, That a change of the constitution of this society be made, requiring the annual meeting to be held on the first Tuesday of October, and the semi-annual meeting on the first Tuesday in April in each year.

The following officers were elected by ballot: President, Federal Vanderburg, M. D., Rhinebeck; Vice President, Jesse F. Merritt, M. D., Staatsburg; Secretary and Treasurer, John Hornby, Poughkeepsie.

Censors.—Dr. John Hornby, Dr. Asa Hall, Dr. Ephraim Case.

The meeting then adjourned to meet in Poughkeepsie on the first Tuesday in April, 1865.

STANDING COMMITTEES.

Dr. Federal Vanderburgh, of Rhinebeck, Theory and Practice.
Benjamin Lansing, of Hyde Park, Special Pathology and Therapeutics.
Ephraim Case, of Clinton Corners, Materia Medica.
Jesse F. Merritt, of Staatsburg, Prevailing Epidemics.
J. Hoffman, of Poughkeepsie, Diseases peculiar to Women and Children.
John Hornby, of Poughkeepsie, Medical Treatment of Surgical Cases.

C.

PROCEEDINGS OF THE SEMI-ANNUAL MEETING, HELD APRIL 4, 1865.

The meeting convened at Poughkeepsie at the house of the secretary.

The roll being called, the following gentlemen answered to their names: Drs. Vanderburgh, President, Merritt, Hoffman, Benj. Lansing and Hornby. There were also present Dr. Bushnell, of Bangall, and Dr. Clark, Jr., of this city, who were invited to participate in the deliberations of the meeting.

The minutes of the last meeting were read and approved.

Dr. Vanderburgh read a paper on the "Problem of Life," which was accepted and approved, and ordered for preservation in the archieves of the society; and the following resolution, by Dr. Merritt, was adopted:

Resolved, That having listened with great pleasure to the paper by Dr. Vanderburg, entitled "Problem of Life," we cannot do greater justice than has been awarded to it by the complimentary manner in which it was received by the Homœopathic Medical Society of the State of New York at its recent session. We take pleasure in expressing our cordial approval of the paper, and order that a copy be placed in the archives of this society as a monument to the author of his untiring investigation and study in the vast field of physiological science.

Dr. Hornby read a report on the homœopathic treatment of surgical cases, which was accepted and ordered to be preserved, and the thanks of the society tendered to him.

Dr. J. F. Merritt read a paper on the "Introduction and Progress of Homœopathy in Dutchess county," which was approved, and the thanks of the Society awarded to him.

Dr. Hornby then read as a sequel to the above, an account of his investigation and adoption of homœopathy, which was received and ordered to be preserved for future use.

The reports of the secretary and treasurer were read and approved.

The secretary was, by resolution, empowered to procure a book to contain the correspondence of this Society for preservation and reference.

Dr. Hornby read his report as delegate to the State Society, which was accepted and adopted, and ordered to be preserved.

Miscellaneous business being in order, Dr. Hornby proposed the following resolution, which was highly approved and adopted:

"*Resolved*, As a mark of respect and appreciation of the valuable services rendered to the cause of homœopathy and homœopathic practitioners, by the efficiency and industry of the Secretary of the New York State Homœopathic Medical Society, this Society do resolve that Doctor Horace M. Paine, of Albany, N. Y., be elected an honorary member."

The secretary proposed the following, which was approved and adopted:

"*Resoved*, That the secretary of this Society be authorized to send papers that are presented to this Society by its members, to the secretary of the State Society, authorizing him to select such as in his judgment and experience may be most conducive to the interests of science, for publication in the Transactions of the State Society."

"*Resolved*, That all such papers selected be copied by their authors, according to the requirements of the State secretary, as set forth in his circulars, and that they be returned to the county secretary with their originals, the latter for safe keeping, and the former for publication."

The Society then adjourned to meet on the first Tuesday in October, 1865.

ARTICLE XLVII.

A Sketch of Homœopathy in Dutchess County, from its introduction to the present time. By J. F. Merritt, M. D., of Pleasant Plains, N. Y.

"In primis arduum videtur res gestas scribere." Sallust.

The difficulty encountered in the task that has been assigned me is, in according both to the pioneers and to those who have followed in their footsteps, the precise meed of praise to which they are respectively entitled. In making up a record which is to pass into and become a part of the history of homœopathy, one needs that moral courage and faithfulness to truth which fears no frowns of professional jealousy. The prominent parts in the scenes I am about to sketch, have been acted by men most of whom are still living, some of them in our midst to-day. In this contest that has been waged between the adolescent soldiery of young physic and the veterans of allopathy, it might seem invidious to say who were the officers, who the subalterns, and who the privates. Faithfulness in narration I shall esteem the highest object of ambition in the work before me, bearing in mind that our victorious banner is the joint property as it is the reward of the joint valor of both the leaders and their followers.

The earliest instance of treatment of the sick by similars in this county, of which any trace can be found at present, was in the year 1835 or 36, in the town of Clinton. The case was one of chronic rheumatism of twenty years standing—twenty years of almost unrelieved suffering and anguish. The fame of an early pioneer of homœopathy in Albany reached her, and she sent for him, hoping that the thorny pillow of pain and death might yet be softened. The doctor came, and with his lilliputian remedies came a relief which she had long before ceased to expect in this life. The fame of a partial cure of a case so aggravated soon spread in the vicinity. But the distance at which the physician lived rendered frequent visits impracticable. Hence, however much the people might have desired to test the efficiency of the new system in general practice, the treatment of a few chronic cases was the most that could be accomplished. The treatment of acute cases was out of the question. Consequently, the charge of doubting allopathy that in these the system would be brought to dishonor, was not at that early period easily refuted.

The physician and his patient have both passed away, but not before the one had graced the epoch at which he lived with his learning and skill, nor the other had left on record in the memory of her friends her dying testimony in favor of homœopathy. But it was enough; the seed was planted. In after years, and under the fostering hands of others, it was destined to spring up, bud, blossom and bear fruit to the honor of our great discoverer, and the blessing of suffering humanity.

It was not long before the tidal wave that bore to our shores the skill and erudition of Gram, sent its pulsation up along the banks of the Hudson, bearing us fragmentary evidences of that *terra incognita* in medicine, which was soon to loom up to our view. Thus, residents of our county, while living in New York during the winter, became patrons of the system, and when they returned to their country residences in summer, brought with them glowing accounts of the beneficent works it had already entered upon, and even sent for their city physicians in many instances of sickness

in their families, a distance of a hundred miles. The easy administration of the remedies, and their prompt and efficient action soon won adherents. Thus, little by little, was homœopathy introduced to the attention, but not yet commended to the confidence of a large proportion of the inhabitants of Dutchess county. No, not thus easily, not thus without cavil or reproach, or obloquy was the system brought to its present position of honor and dignity.

Followers of the new faith soon elevated our standard at various points along the Hudson. Early, if not the earliest, among those who were instrumental in introducing homœopathy into this county, was he who was the fearless defender of our cause when most it needed such defense as he alone could give, and as his reward, he is now, in his declining years, crowned with well earned honors. Dr. Federal Vanderburgh, though past the zenith of his life physically, yet in life intellectually, he is still fresh and athletic, our own president and father in medicine. The history of homœopathy in Dutchess county, with his name and deeds left out, would be a history without a title page or an introduction. A resident practitioner in New York city, he became an early convert to the teachings of Gram, at whose feet he learned those great principles in medicine which were received fresh and pure by that erudite German from the fountain itself before he embarked for this land. Rapidly infusing the genius of these principles into his own laboratory of thought, Dr. Vanderburgh was soon seen standing in the arena side by side with Gram, with Gray, Joslin, Hering, Hull, Wesselhœft and others like memorable, a small but fearless band of heroes, striking for a reform in medicine, and sharing the reproach necessarily involved in such a conflict.

One of the first recruits enlisted by him was Dr. Hall, then of Fishkill, but for the past twenty years or more, a resident practitioner of Poughkeepsie. This was in 1837 or 1838.

Not far from this period, homœopathy was introduced into Poughkeepsie by Dr. Formel, a German of considerable repute. He remained only a short time, and was succeeded by Dr. Hall just mentioned.

Another of those who were induced by Dr. Vanderburgh to embrace the doctrines of Hahnemann, at an early period in our history, was the Rev. James Lillie, at that time the pastor of the Reformed Dutch Church of Rhinebeck. While Dr. Vanderburgh was negotiating for the purchase of "Linwood," his present residence on the river, Rev. Mr. Lillie was accidently thrown in his way; a casual acquaintance ripened into friendship, until Mr. Lillie was induced to put himself under the doctor's treatment for *tænia solium*. The result was so successful that Mr. Lillie was favorably impressed with the new system. But he was not the man to receive it as a demonstration until he should have made a more thorough test. Having spent four years at the University of Edinburgh, one of which was partially devoted to the study of medicine, during which he had acquired a taste for the profession, he was prompted to undertake the task of investigating the system of homœopathy. And whoever knew James Lillie, knew his masterly intellect, his erudition and his astute logic, knew that, under his keen, scrutinizing eye, no spot or blemish would pass unheeded.

Never was homœopathy submitted to a severer ordeal, then when it passed through the mental laboratory of James Lillie.

In 1840, we find the pastor and physician contributing to both the bodily and spiritual comfort of his parishioners; to the former, by the agency of his potent little pocket-case of pellets; to the other, by the vast stores of his Christian experience. But it was with reluctance that he consented, in any case, to undertake the treatment of the sick. What he did in this way was only after the most earnest importunities of solicitous patients or friends. It was from no sordid motive—his bitterest enemies, the practitioners of the old system in Rhinebeck themselves being the judges.

He was accustomed to take with him to the bedside of the sick the Materia Medica Pura in French, a translation from the original by Jourdan, of Paris. In 1841, or 1842, Mr. Lillie removed to New York city, where, in due course of time, he graduated at the College of Physicians and Surgeons, and, with the assistance of his friends and preceptor, Dr. Vanderburgh commenced a practice at once remunerative and successful. Thence he removed to Toronto, some ten years ago, and has since returned to Scotland, the land of his birth. In his intercourse with the medical men of Rhinebeck, he was met with ridicule and sarcasm. But he was an adept in polemics, and who ever chose him for an antagonist had a giant to encounter; and many were the staggering blows he dealt in such encounters. One of those who made himself notorious for his attacks upon the doctor was once heard to say, after a three hours' tilt, "Dr. Lillie, you have confounded, but you have not convinced me." A reply characteristic alike of the man and the system which he practiced. These contests were not unproductive of good, for the writer has lived to see the lion so completely transformed into the lamb as to sanction the adoption of homœopathy by a professional co-partner in the practice of medicine, which really happened in the case of Dr. Lillie's antagonist. *Quantum mutatus ab illo.*

In 1842, Dr. Vanderburg removed to Rhinebeck and first became a resident practitioner of our county, thus securing by his presence, his advice, his words of encouragement to the desponding, a position for Homœopathy which had not been achieved for it before. The junior practitioner was enabled to lean upon the stronger arm of the veteran who had just come fresh from the encounter with the full panoply of his armor on.

The next accession to the ranks, was that of Dr. Chas. Haight, then of Hartsville. In the midst of a large and lucrative practice, overtasking his physical strength, he was induced after repeated tests, to abandon the old in favour of the new system. This was at a time when such a change was tantamount to casting aside the means of comfortable subsistence; at least such was the prospect which at that time and in that section opened before the pioneer. But Dr. Haight was made of stern stuff. By steady, persevering effort, he outlived his vilifiers, and re-established his originally extensive practice, which eventually became more incessant and laborious than before. He subsequently removed to Poughkeepsie, where he still continues in practice.

In 1843, we note the advent to our county, and almost simultaneously to homœopathy, of Dr. Martin Freligh, of Saugerties, Ulster county, in this State. In 1836, or 1837, a friend of the Doctor's in Catskill, having been

cured by a few simple powders prescribed by Dr. Vanderburgh, then of New York city, he was induced to visit the city for the purpose of having a personal interview with Dr. Vanderburgh on the subject of homœopathy. Finding the Dr. professionally engaged, he was directed to call upon Dr. Channing, then in Broadway, by whom he says he was "politely received and advised to purchase the Organon, Ruoffs Repertory, Everet, Dunsford's, Jahr's manual, and Henderson and Forbes." But it was not until his removal to Rhinebeck, at the period above named, and his subsequent acquaintance with Dr. Vanderburgh, that he was led fully to adopt the new system of medicine. During seven years of uninterrupted toil in his profession, requited, however, by daily accessions to the number of his patrons and a correspondingly remunerative business, Dr. Freligh battled for the right, reviving all the reproach that had been heaped upon his predecessor, Dr. Lillie. In 1850, Dr. Freligh removed to New York city, where in an enlarged sphere he continued to practice until within two or three years, when he retired. George Lorillard, Jno. Augustine Kiersted and Tobias S. Ring, all studied medicine in his office. Lorillard took his degree from the Albany Medical College in 1847. Kiersted and Ring received theirs from the University Medical College in New York, in 1848, "all three confirmed homœopaths." In tracing the history of these young men, allow me to do it in the language of their preceptor. He says, "Dr. Lorillard's practice has been and is at present purely philanthropic, complimentary to himself, a charity to the poor, as I believe he has never received a fee for his professional services. Dr. Kiersted was a young man of brilliant intellect, and had his life been spared would have adorned the profession of his choice; but he was compelled to relinquish his practice in about two years after his graduation, and died at the age of twenty-six, of consumption. Dr. Ring is in full practice at Yorkville, and continues an unwavering homœopath."

In 1849, Dr. Freligh, removing to New York, was succeeded at Rhinebeck by Dr. Rodman Bartlett, of Pine Plains, who at once commenced the investigation of homœopathy, and in due time became a competent prescriber of homœopathic remedies.

At a period, perhaps a little anterior to this, in 1844, or 1845, Dr. Calvin P. Guernsey, long a practitioner of the old system in Clinton, being surrounded in his practice by the great array of cures effected by homœopathic treatment, was led to the study and test of the new system. The result was such as might have been expected. He soon gave in his adhesion to the doctrines of *similia*, in which he continued a consistent believer up to the period of his death, from phthisis pulmonalis, in 1856. Associated with him, for a short time preceding his death, was Dr. O. D. Cass, who in like manner adopted the system of his senior partner. Dr. Cass remained only a short time, as, Dr. Guernsey's business having been divided among former pupils practicing in the vicinity, there was insufficient ground remaining unoccupied to warrant him in continuing.

Dr. Ephraim Case, of Clinton Corners, in the township of Clinton, next joined himself to our cause. His advent to the little circle was hailed with joy by the practitioners and patrons of homœopathy. He was one of the earliest pupils of Dr. Guernsey, a brief sketch of whom has just been

given. The satisfaction that attended his conversion was the keener because of his long persistent rejection of the tenets of homœopathy. Commendable, rather than culpable, for his slow and certain steps in the investigation, he did not accept the principle of similia, until he saw the evidences in its favor accumulating to the extent of repletion. But his hatred, if it may be designated by so harsh a term, has been turned to love.

In 1852, or 1853, Dr. Bartlett removed to New York, and was succeeded in Rhinebeck, by Dr. G. C. Lansing, a young practitioner of the old system, in Milan, in this county. His conversion occurring cotemporaneously with others equally unexpected, produced manifest alarm among our antagonists, and equally unmistakeable indications of joy in the followers of the new faith. Dr. Lansing, on ground every inch of which has been stubbornly contested for twelve years, has maintained untarnished the standard raised by the indomitable Lillie a quarter of a century ago.

In the fall of 1854, homœopathy, in Poughkeepsie, received a fresh impetus by the accession, to the profession in that place, of Dr. John Hornby, of Brooklyn. Like many others, becoming dissatisfied with the uncertainty of remedies administered upon the principle of *contraria*, he was so far prepared for the investigation of a system of medicine that promised to give certainty for uncertainty and to guide the way to uniform success.

Accordingly, in 1852, he is found with the Organon, the Materia Medica Pura, and Hahnemann's Acute and Chronic Diseases, together with tracts on the subject of undertaking the task of testing homœopathy. In its accomplishment, verifying by experience in the use of drugs in disease, he became satisfied of the universal principle of cure contained in the symbolic words *similia similibus curantur*. Dr. H. was for seventeen years assistant surgeon in the British service in Bengal, and brought us the fruits of his observation on the diseases incident to the camp and climes of that tropical region. Dr. Hornby has become favorably known by his valuable contributions on various medical topics.

We are now approaching a period in the annals of homœopathy in this country—the events of which are familiar to us all. If it were not that the record may interest those who shall come after us in the good work, the pen might well be laid aside.

Dr. Ernst F. Hoffman, our late secretary, marked his advent to the doctorate in 1852, by his almost simultaneous adoption of homœopathy. Having prepared himself by an attendance upon the Homœopathic Dispensary in Bond street, under the instruction of Drs. Otto Fulgraff, Leon, and Marcy, he came to Poughkeepsie and entered into co-partnership with Dr. Hall for the general practice of medicine and surgery, where he still remains.

The writer of this sketch graduated from the College of Physicians and Surgeons in New York, in 1852; practiced allopathy three years. In 1855 investigated homœopathy at the instance of two gentlemen, old school practitioners, between whom and the writer a business co-partnership existed at the time. The result was the adoption of the practice of homœopathy. This was continued with the approbation of his partners until the

dissolution of the copartnership, by mutual consent, in the fall of 1855, on account of the ill health of the writer.

In 1857, Dr. Kornbach, formerly a surgeon in the Prussian army, opened an office in Poughkeepsie. His slight acquaintance with the language and customs of this country rendered his intercourse with Americans a source of but little satisfaction to himself. He left for London in 1860.

Dr. S. G. Cooke, a graduate at the University Medical College in New York, first engaged in the practice of medicine in Verbank, in this county, whence he removed to Stanfordville, four or five years ago, at which time he embraced homœopathy. He was one of the first to take an active part in the formation of the Dutchess County Homœopathic Medical Society, of which he is a member. In 1862, he took the position of assistant surgeon in the 150th regiment of infantry. His experience in the examinations before the Army Medical Examining Board is characteristic. His examination was pronounced satisfactory by that body, and a certificate accordingly given. This they attempted to recall, upon learning that the doctor had proclivities toward homœopathy. And with a less determined and unwavering man they, doubtless, would have succeeded. He retained his commission and his dignity, notwithstanding their efforts to rob him of both.

Dr. Lourie succeeded Dr. Cook at Stanfordville. Dr. L. adopted homœopathy in 1855 or 1856, in Rhinebeck, where, for a short time, he took the business of Dr. G. C. Lansing. He removed to Pleasant Valley, Dutchess county, about 1858 or 1859, and thence to Stanfordville, as already stated, in 1862.

Recently, Dr. B. Lansing has reared the standard of homœopathy in Hyde Park, one of the few towns of this county in which our system had not yet been introduced.

Dr. Walter R. Case, a graduate of the New York Homœopathic Medical College, at the late commencement, has just entered upon the work in Clinton, with his prepossession at the outset in favor of similia.

Dr. Burroughs, of Brooklyn, has recently taken up his residence in Poughkeepsie, as a practitioner of our system, to whom the right hand of fellowship has been extended by our county society.

I reserve for the last the notice of two pioneers of homœopathy, Dr. Davis, deceased, of Pine Plains, and Dr. DeLa Montagnie, of Fishkill. The first for many years toiled on, single-handed and alone and by unaided effort, without a single neighboring practitioner of his faith to cheer him by a word of encouragement, built upon the foundation of *similia* the superstructure of a practice that will stand both as a monument to his assiduity and ability, and an honor to the name of Hahnemann. Dr. Davis died several years since. Dr. DeLa Montagnie is also entitled to a rank among the pioneers. But insufficient data as to dates and circumstances render it impossible to accord to either of these gentlemen that place in this sketch to which their respective talents and acquirements indisputably entitle them.

By way of an addendum, I would subjoin the additional names of Dr. Baxter, of Wappinger's Falls, and Dr. Scoffield, who practiced homœopathy for a short time in Poughkeepsie, about ten years ago, but whose career was cut short by phthisis while he was comparatively young. I have

endeavored to gather the circumstances of interest connected with their lives as homœopaths, but have found it impossible thus far to do so. Dr. Baxter remains in practice at Wappinger's Falls.

Five years ago the subject of the organization of a county society was pressed upon the attention of the homœopathic physicians of Dutchess county by our efficient secretary of the State Homœopathic Medical Society, Horace M. Paine, M. D. His efforts were for a time unavailing, but never intermitted. At last, receiving a second and very urgent appeal from him, the writer caused to be published in the two weekly papers in Poughkeepsie "a card to homœ pathic physicians," naming a time and place of meeting of those favoring an immediate organization. Personal interviews were had with several and others were reached by written communications. The result was, the embryonic germ of a society. What it has done, it does not become me to say, but it has done but a tithe of what it ought to, or of what it might have done. A very little interest has been taken by some of the members in the success of the Society, as evinced by the fact that upon comparatively few has devolved the task of preparing papers for discussion at the meetings and reports for the State society urgently solicited. A brief report of an interesting case (and who does not have at least one or two yearly?) would be very acceptable to the profession, and go to make up an aggregate of valuable knowledge.

A hurried retrospect of the past shows us that thirty years have passed away, since homœopathy was planted in this county. Amid the overshadowing of a dominant system, the acorn has germinated and struggled up into the light and free air of heaven. The buffetings of storms and tempests, while they have made the slender sapling bend and rock to and fro, have only caused its roots to strike out wider and deeper, until in conscious strength it defies them all. Who presumes to say that it would be thus to-day with homœopathy had it not been for the reproach, the obloquy, the misrepresentations by which its overthrow has been sought? Are not these the very means by which the propagation of a truth is made the more certain—the storms which fasten its roots in the soil? It is thus that tearing down and building up become convertible and synonymous terms, and to this, next to the great cardinal principle of *similia*, our system owes its present secure position before the world. Perhaps nowhere has this been more forcibly illustrated than in some sections of this county. Thus, in Rhinebeck, Dr. Lillie was denounced as a "madman," his medical tenets as the "ravings of a lunatic," and his name bandied about from mouth to mouth, but with what effect let a quarter of a century of homœopathy, successfully practiced and cordially received, testify. Instead of one physician who could scarcely subsist, two are now engaged in a remunerative business. The success of homœopathy is assured; and now we are told, in order to take off the keen edge of disappointed expectations, that persons not educated as physicians are incapable of judging of the merits or demerits of a system of practice—a charge as insulting to the intelligence of the people as it is self-evidently false. It is well for us that the people do their own thinking, else a dominant system of medicine might have crushed out genius, decried as innovations the most beneficent modes of cure, and,

upon the necks of an awed people, might have reared a medical despotism which could have found a prototype only in the most absolute monarchies of the other continent. Thanks to the spirit of our free institutions, the seeds of all systems planted in the soil of the American mind, have the same sunshine and shower, and only fail to grow because of deficient vitality inherent in the seed itself. Under these circumstances, homœopathy has grown to its present proportions, giving us just hopes of a future that shall satisfy the most ardent wishes of its friends and bless humanity with its beneficent deeds.

CORRESPONDENCE.

I. Communication from Dr. John Hornby.

Poughkeepsie, *April*, 1865.

Dr. J. F. Merritt:

Dear Sir—After twenty-six years of experience in the allopathic ranks, seventeen of which were passed in the army hospitals of British India, where I enjoyed the opportunity of observing the various skill and abilities of many of its most distinguished leaders, and nine in private practice in England and America, I renounced its unsatisfactory service and became an earnest supporter of the more perfect system of homœopathy. My conversion was not sudden or unduly considered. For more than ten years previous I had felt compelled to administer medicines in small quantities, from repeated observation of the mischievous and dangerous effects of large doses.

In 1852 I commenced the investigations for myself, at the request of a medical friend in England. I read tracts on the subject which he presented me, and finding much in them to corroborate my own experience of the worthlessness of allopathy, the more I considered upon them the nearer I came to an assurance of the truth and excellence of homœopathy. I then determined to test its truth practically on myself and others, and after studying the Organon, Materia Medica Pura and Chronic Diseases of Hahnemann, I spent three months in the careful preparation of the different attenuations on the decimal scale, from the first to the thirtieth potencies, according to Jahn's and Possart's Pharmacopœia, from the mother tinctures and triturations of one hundred and ten remedies.

I devoted two are three hours daily and four at night to my task, and gave to each trituration and dilution, the prescribed levigation and succussion. This was a tedious process, but I could not insure certain proofs of the new system without carefully and precisely fulfilling the requisitions it demanded. I then proved the remedies on myself, and commenced practice on an infant suffering with diarrhœa. The remedy fulfilled its mission with such speed, safety and comfort to my little patient that I was more surprised than convinced. It had acted *too* well to satisfy my allopathic expectations, and I waited to test it further.

An opportunity soon presented itself in the form of a bunion on the great toe, about the size of a hen's egg, highly inflamed and very painful. The patient was of a strumous constitution; had been freely drugged with mercury many years previous, and had periodical attacks of her complaint,

which her allopathic friends persuaded her was prophetic of phthisis, which was hereditary in her family. As she was a firm believer in allopathy and detested homœopathy, I found some difficulty in prevailing upon her to try my new method of treatment. She at last consented to take three globules, number two size, of the thirtieth decimal of sepia at bedtime; the following morning she was able to move about, which she could not do twenty-four hours before. This confounded me and alarmed her, as she feared the return of the phlegmon with greater violence, or the immediate approach of consumption. However, the phlegmon never returned, and phthisis did not claim its victim until nine years after.

Shortly after, I was permitted to try my new plan, with much confidential explanation, on a child suffering with teething. It "worked like a charm," as it had done in my own family; so it appeared to me who had only the experience of the old practice. My success gave such satisfaction that I was recommended to friends of the family among whom I had the gratification of winning new triumphs, as well as of extending my experience. From that time forward I gradually lost all faith in the old system, and, after a sufficient time had elapsed to justify the step, I made my position known to all my friends. Many deserted me; a few adopted the new system from preference, and some insisted on being served after the old style. I endeavored to accommodate these latter for a time, but, after a twelve month's experiment, I abandoned allopathy altogether, as being so entirely contrary to homœopathy as not to admit of being practiced either with honor to myself or safety to my patients.

I removed to Dutchess county in the autumn of 1854, on account of failure of health, where I found much more encouragement for my practice than I could expect among such adverse circumstances. The ungenerous efforts of enemies have served to help rather than to hinder the good cause; new volunteers have come upon the field, making double the number I found here fifteen years ago. From all appearances at home, and all accounts from abroad, the good work is rapidly extending its beneficial influence all over the world.

This is not surprising. Homœopathy is, without contradiction, the cardinal practice of medicine; no other ever has, or can excel it. It is based on the universal principles of the natural law of cure, and, just in proportion as these become known, will the noble science flourish. There is no more laudable mode of perpetuating one's name than that of founding institutions for the dissemination of these principles. As for "old physic," after twenty centuries of presumptuous domination, it is dying of decrepitude. The time is not far distant when it will be reckoned among the things of the past; remembered more for the multitude of its victims than remarkable for the number of those who will still class themselves among its advocates.

Very respectfully yours,

JOHN HORNBY.

II. COMMUNICATION FROM DR. M. FRELIGH.

NEW YORK CITY, No. 128 NINTH STREET,
March 23, 1865.

DR. J. F. MERRITT:

Dear Sir—In acknowledging the receipt of your kind note, informing me of your appointment by your county medical society "to collate the facts pertaining to the introduction and progress of homœopathy in Dutchess county," permit me to say that I only regret not having paid that attention to-day and date which would constitute a material point in aid of what you desire. But, Sir, I will most cheerfully give you a statement of facts, as far as my memory serves—leaving them with you to arrange and clothe in language suited to your taste and convenience in carrying out the highly interesting and important duties devolved upon you.

My attention was first directed to the investigation of homœopathy, by the Honorable James Powers, of Catskill, while I was practicing in Saugerties, Ulster county. I think it was in the year 1836, or 1837, Mr. Powers' daughter was then under the treatment of Dr. F. Vanderburgh, in the city of New York, and Mr. Powers had himself been cured of an aggravated attack of piles by his prescription of two or three small powders. The disease, from long continuance, had become almost constitutional. These facts, together with the urgent request of Mr. Powers, induced me to visit the city for the purpose of having a personal interview with Dr. Vanderburgh, who was then the recognized leader in the new mode of practice, receiving as he did all the opprobrium of enemies and the praise of those who had experienced its benefits. Finding Dr. Vanderburgh professionally engaged, the object of my visit to the city was necessarily not fully carried out. I was, however, directed to call on Dr. Channing, of Broadway, by whom I was politely received, and advised to purchase Hahnemann's Organon, Ruoff's Repertory, Everest, Dunsford's Jahr's Manual, Henderson and Forbes. I then commenced investigating the principles and practice of homœopathy by a careful perusal of these authors.

Dr. George Lorillard, who soon after became a student of mine, was strongly inclined to homœopathy from facts that he had observed in the practice of a Dr. Harris among his friends in New York. My reading, together with the promptings of my friend Lorillard, did little more than produce a slight predilection in favor of the practice, until I removed to Rhinebeck, in the year 1843, at which time I dated a new era in my professional career. I then enjoyed the personal acquaintance and assistance of Dr. Vanderburgh. Jonathan Augustine Kiersted and Tobias S. Ring were my students at that time. Dr. Lorillard took his degree of Doctor of Medicine from the Albany Medical College, in 1847. Kiersted and Ring graduated in the following year, from the University Medical College of New York; all three confirmed homœopaths.

Dr. Lorillard's practice has always been purely philanthropic, a compliment to his friends and a matter of charity to the poor. I believe he has never received a fee for his professional services. Dr. Kiersted was a young man of brilliant intellect, and had his life been spared, would have adorned the profession of his choice. He was compelled to relinquish his profession two years after his graduation, and died at the early age of twenty-six, of

consumption. Dr. Ring is in full practice at Yorkville and continues an unswerving homœopath. Dr. Bartlett removed to Rhinebeck, from Pine Plains, in 1849 or 1850, became connected with my office and immediately adopted homœopathy.

The occasional visits of Dr. Vanderburgh to Rhinebeck, while negotiating for his present residence, and the close prescribing of the erudite Lillie, had awakened a lively interest in the minds of many in favor of the new system before my removal thither; yet you are familiar with the reproaches I have met from our enemies, but the success that has crowned our efforts has far outweighed all the invective that could be brought against it. Your assistance and that of others subsequent to the above date have gradually extended the influence and usefulness of homœopathy until it has assumed its present position in this county.

You are more familiar with the facts relating to Dr. Guernsey, of Clinton, Dr. Hall, of Poughkeepsie, Drs. Haight and Davis than myself.

Very respectfully,

Your friend,

M. FRELIGH.

ARTICLE XLVIII.

Report on Clinical Medicine. Enteric or Typhoid Fever. By Jesse F. Merritt, M. D., of Staatsburg.

Under the name of typhoid fever, a variety of continued fever characterized by a deposit of typhous matter in Peyer's glands, producing diarrhœa and gurgling sounds in the right iliac region, has prevailed, at intervals, in different sections of our county for the past twenty-five years. According to the views of the practitioner as to its pathology, it has received the various synonyms of enteric, entero-mesenteric, putrid, adynamic and ataxic fevers. By those who have followed the teachings of Broussais, we have the additional terms, enteritis, gastro-enteritis, dothinenteritis, &c., &c. In reviewing the medical literature of twenty years ago, we have to record the use of the term "typhoid" in a generic sense; it being made to embrace every case of fever in which there was a brown tongue and subsultus tendinum. Thus have been propagated views totally at variance with the revelations of pathological research. For the purpose of avoiding confusion we shall use the term enteric, as preferable to typhoid, and as denoting that specific form of continued fever characterized for the most part, by its slow insidious invasion, with diarrhœa almost invariably from the commencement, gurgling in the right iliac fossa, an eruption of rose colored spots fading on pressure, and at the autopsy, by an enlarged and more or less extensively ulcerated condition of the solitary and agminated glands of the ileum. To a form of continued fever thus characterized, we shall limit our remarks under the head of Enteric or Typhoid fever.

Causes.

Although enteric fever is generally ascribed to the operation of local influences such as malaria and defective ventilation, yet there is in many instances such strong presumptive evidence of contagion, that we must

conclude that the disease does not solely depend for its propagation upon endemic influences. That it is many degrees less contagious than typhus, is freely admitted. On the other hand, the incompleteness of statistical reports forbid the inference that the disease may not also be produced by emanation from decomposing organic matter. We are constrained to admit the theory of contagion, as, at least, constituting a very plausible solution of the problem of its mode of propagation. Did time admit, the writer might refer to the record of the epidemic as it has occured in his vicinity. Prominently among the endemic influences, writers of the non-contagionist school have placed low damp situations, where the drainage is defective, as being prolific sources of the disease. If, upon an examination of the facts in the case, it should be found that enteric fever is peculiar to such localities, it would furnish strong presumptive evidence in favor of the proposition. Then again, on the other hand, if it should appear that the disease is not thus circumscribed, we shall be compelled to search in some other direction for the cause of the disease. Dr. Christian, of the University of Edinburgh, says, "*the best drainage leaves untouched the real foundation of the disease,*" a conclusion which he has drawn from a table of statistics which those desiring to study the subject critically will do well to consult.* We gather from these statistics, that the prevalence of the disease has not been in direct ratio to faulty drainage, but rather that the disease has been more prevalent since a more thorough system of drainage has been practised. By way of illustration, he states as the legitimate inference from these statistical observations, that those who work in the London drains, and who live over or near them, are not more liable than others to the disease. Speaking of Edinburgh, he says: "Further, the fever does not by any means generally break out where the streets are ill drained, water closets wanting and habits filthy. In countless places of that sort in Edinburgh, it is unknown. It may be worth while adding in reference to an independent question likely to be discussed in this section, that enteric fever is not known in or near the foul meadows of Craigentinny."

Following the same line of argument with Dr. Christian, I might appeal to members of the profession in this county and ask if it comports with their observation that the disease is limited or peculiar to low, undrained lands, to the densely populated portions of our cities and large towns, to the tenants of basements and cellars, to residences made damp from the dense overhanging foliage of numerous trees where the atmosphere is palpably (to the olfactories) ladened with the odor of decaying vegetable matter. Are these the only haunts of the disease? To this I have no doubt the answer will be emphatically no! For we find our enteric fever patients as well on the crests of limestone hills, where swift-running brooks, coursing down the sides, furnish a most perfect drainage, where vegetation is comparatively scanty—as by the side of stagnant ponds and half-inundated marshes. We mount the second and third stories of dwellings where every lodger has his own room, airy and spacious, and lo! it is there. And in the solitary family, on some bald peak, about which the blast from every point of the compass blows unrestrained, there, too, we find the vic-

* Edinburgh Med. Journal, Nov., 1863, p. 429.

tim of the disease. Neither condition nor circumstance affords immunity from its visitation. Again, if the malarious origin of the disease be correct, how are we to account for the fact, that as our country is becoming better drained the disease is becoming more common?

Whither, then, shall we look for a solution of the problem? Certainly, in some other direction than that which we have thus far taken. I have stated that it is at least highly probable that enteric fever sometimes, that is to say, in some instances, spreads by contagion. Thus Dr. Alonzo Clark —than whom there is not a more accurate and faithful observer in this country—regards it as "mildly contagious." I use his own words. Authorities, both American and European, might be multiplied. But, if it be contagious, through what medium is the morbific germ communicated? Is it through that of the expired air; of the cutaneous exhalations; or of the excrementitious matters? The views of Dr. William Budd, whose intellectual energies have long been bent to the study of fevers, are so ingenious, and assume so little that has not been already conceded, that I cannot forbear transcribing them in full:

First. Enteric fever is essentially contagious.

Second. The living body of the infected man is the soil in which the poison breeds and multiplies.

Third. The reproduction of the poison in the infected body, and the disturbance attaching to it, constitute the fever.

Fourth. The reproduction is the same in kind as that of which we have ocular demonstration in small-pox.

Fifth. The intestinal affection is the specific eruption of the fever, and is related to it in the same way in which the pustules on the skin in small-pox are related to that disease.

Sixth. The exuviæ from the surface, which is the seat of this eruption, contain, as we should have expected, the most virulent part of the contagious principle.

Seventh. As a necessary result, sewers and cloacæ, which fill the office of sewer, are the principal media for the transmission of the contagion; and, consequently, that in many instances the infected *sewer*, and not the infected *man*, appears as if it were the primary source of the infected poison.

Eighth. Once cast off by the intestine, the contagious matter may communicate the fever to other persons in two principal ways—either by contaminating the drinking water, or, which is by far the more common, by infecting the air.

Mr. Simon expresses himself strongly in favor of this theory, at the same time vouching for the able pathological views of Dr. Budd, and commending him as a faithful and accurate observer.

It is but a matter of justice to Mr. Simon to add, that he annexes certain limitations to his endorsement, which modify his adhesion to these important doctrines. Quoting from a report of his own in 1858 on epidemic cholera, in which he places typhoid fever by the side of diarrhœal affections, he says: "Some interesting and important experiments made in 1854 by Professor Thiersch, of Erlangen, prove that cholera evacuations in the course of their decomposition acquire a contagious property. It is much to be

regretted that experiments were not simultaneously conducted by Prof. Thiersch with a view to determine whether ordinary fæces or ordinary diarrhœal fæces undergoing decomposition during an epidemic period would not likewise have acquired that property."

I have taken occasion to present the views of Dr. Budd at length, not because it is demonstrated that they are founded in fact, but because it is believed that they are upheld by fewer assumptions than others. I have also aimed to enlist a careful investigation of the subject *de novo*, untrammeled by any preconceived opinion, to the end that an enlightened judgment may be the result. It will not avail, to put in the plea that this is a question of a purely speculative character having no practical bearings; for the question of spontaneous, miasmatic, or contagious nature of the disease is eminently practical in a hygienic point of view. And as the accredited guardians of the public health, we have no moral right to leave unheeded a single ray of light that darts across our pathway.

Symptoms.

In the invasion of the disease the symptoms do not materially differ from those which are met with in other forms of continued fever; nor, indeed, is it always easy to discriminate between the affection and idiopathic inflammations, so analogous are the symptoms. This applies, however, as a general rule, to the stage of invasion only. The pathognomonic signs of the disease declare themselves at an early period. These are diarrhœa, gurgling in the right iliac fossa, tenderness in that region upon pressure, tympanitic distension, and intellectual obtuseness. While I esteem these as indicating the type of the fever to be enteric, perhaps I am including too much; for exceptional cases do occur in which the diarrhœa is absent, and which present every other characteristic of the disease. These exceptional cases represent that mild type of the disease which constitute a class known by the significant soubriquet of "walking cases," a title which they earn by the comparatively, something absolutely, slow pulse, and the tardy course of the disease which, mild as it is, often drags its slow length along through a period of five weeks or even more.

The type of the fever is usually remittent; sometimes there occurs but one, more frequently two exacerbations and remissions in twenty-four hours. But it is not always so, for I have witnessed several cases during the past year in which the type seemed to be intermittent, if it be not a misnomer to apply the term to a case of continued fever. Allow me to adduce the cases and let them speak for themselves.

During the autumn of 1863 I was called to a case of what I supposed at first to be intermittent fever of the quotidian type. Discovering in the course of a few days that the remedies were failing to make any impression upon the disease, I set about a more careful study of the symptomatology, which resulted in disclosing the following: A chill lasting about an hour, recurring at precisely the same time every day, accompanied by nausea and vomiting. These symptoms were followed by slight fever; the pulse (the patient was a girl of fourteen), never running above ninety-eight. Suspecting some focal centre of congestion, I passed my hand over the abdomen and found marked tenderness in the right iliac fossa, also tympanitic

distension. The tongue was dry and inclined to be brown. There was subsultus tendinum and slight torpor of the intellectual faculty was also present. She recovered in about four weeks. I had two more cases of this kind in the same family. Similar cases subsequently occurred in the immediate neighborhood. All had the usual tardy convalescence that characterizes enteric fever. And although it is not the proper place for it, I may remark that no mitigation of the symptoms was effected until I exchanged the intermittent fever stand point for that of enteric fever, when the treatment at once gave satisfactory results.

A very noticeable feature of the epidemic in this county of late is its hemorrhagic tendency. In many of the cases intestinal hemorrhages took place as early as the fourth or fifth day, and in quantity was such as to reduce the patient thus early in the course of the disease to the very verge of the grave. Symptoms of collapse rapidly ensued, and the patient seemed to pass over from the first to the last stages of the disease without any intermediate stage. The hemorrhage was not always intestinal; it also took place from other mucous surfaces, namely, those of the nares and mouth. Sudamina was marked in one case, appearing in successive crops about the neck and on the anterior part of the chest, immediately underneath the clavicles. The peculiar eruption of rose colored lenticular spots was discovered in only one case. In another instance presenting all the characteristic phenomena of typhoid fever; the eruption was maculated, and could not be removed by pressure, but of this more when we shall speak, as I now propose to do, of its

Diagnosis.

A careful study of the symptoms presented in the different forms of fever, will enable us as a general rule to make a correct diagnosis after the stage of invasion is passed. For, in their inceptions, febrile diseases present no peculiar or characteristic symptoms. Indeed, we may go further, and extend this to idiopathic inflammations. Hence an early pronounced diagnosis is unsafe, unless it be of a conditional sort. Thus, in a family where cases have already occurred, we may hazard the opinion that a case of enteric fever is very probably being developed. The eruption, if it appear, is probably the most satisfactory and diagnostic symptom, but it does not always appear. In the cases which have come under the writer's observation, it was wanting in more than half. Next in the order of value, is the deposit of typhous matter in Peyer's glands, indicated by the diarrhœa, by the gurgling in the right iliac fossa, and by the tenderness upon pressure over the abdominal parietics in that region. The tenderness seems to radiate from this point as a focal centre; thus we trace it up the ascending colon to the right hypochondrium, thence across in the tract of the transverse colon to the left flexure, and in some cases down the descending portion to a point near its termination in the rectum. The tenderness in the opposite direction, that is, in the course of the ileum, is not traceable because of the position of that portion of the bowel. Other symptoms taken collectively are of value in the diagnosis. Thus the brown, dry tongue, the sub-sultus, the comparatively slow pulse, and the torpor of the intellectual faculties, all assist us in, but do not infallibly determine the diagnosis. In passing, allow me to remark in regard to this torpor, that it is peculiar, and

in this, a question directed to the patient is long in eliciting an answer. You speak to him and watch his features; fifteen, twenty, thirty seconds elapse before he gives you any intimations by the expression of his countenance that he has heard you. Then he attempts the arduous task of replying. The will acts but tardily in effecting the necessary contraction of the muscles of the larynx and buccal cavity. It seems as if your voice had to travel along through vast labarinthine passages to reach the sensorium; that in turn the messages of the will to the voluntary muscle passed over immense spaces to execute the work assigned to it. But, to be known, this condition must be studied well. Once fixed upon the mind it will be easy ever after to recognize it as a strong diagnostic mark of enteric fever.

It is not to be inferred, from what has been said, that the diagnosis of this disease is always easy and certain. For illustration, take the following case:

On the seventh of August, 1864, J. B., aged twenty, of slender constitution was first seen. Symptoms—pain in head, chiefly frontal, also in back and extremities, especially in the calves of the legs, extreme restlessness, tongue dry and redish brown, pulse 112, vomiting, involuntary fæcal discharges, almost black and very offensive, skin dry and of a temperature but little elevated.

Aug. 9th.—Except as to the condition of the bowels which had now become tympanitic but little change.

Aug. 10th.—Symptoms of collapse, pupil dilated, pulse small, surface cool and clammy, alvine evacuations evidently sanguineous, tenderness in right iliac fossa, marked subsultus.

Aug. 11th.—Reaction established, bowels held in check, tongue less brown, intellectual torpor.

In the course of the succeeding five days, he gradually became delirious until he could scarcely be kept in bed. No spots until the fourteenth day, when they were first detected; were maculated, ineffaceable by pressure. Tongue, as often as once in three to five days, would throw off its dingy white, not brown, coating, and leave a surface preternaturally red. On the twenty-eighth day slight moisture upon the backs of the hands, which lasted for only a few minutes. This was repeated on the thirty-fifth day, when, from the hands, it spread to the whole surface. Pulse, after first fourteen days, subsided to 80–88. On the thirty-fifth day, however, fell to 60; then on the following day it rallied to 75, which was maintained throughout his convalescence, and which was doubtless the normal standard.

Was this a case of pure enteric fever? If so, was it in the usual form? The invasion was not that of enteric fever; it was too severe for that. The whole force of the fever poison seemed to be concentrated upon the vital forces at the onset of the disease, while usually, in enteric fever, the progress is much slower, and the acme is not reached before the fourteenth day. That it was not pure enteric fever, I conclude, for the reason just given, and for the additional reason that the eruption was reddish brown, *not disappearing on pressure*, a characteristic not of enteric but of typhus fever. Briefly, then, there was the rapid development of the disease, the acme being reached early in its course. There was the maculated eruption

not fading on pressure, symptoms favoring the view of its *typhus* character. Again, and on the other hand, there was the gurgling in the right iliac fossa, the diarrhœa, the tenderness radiating from a focal centre, pointing unmistakably towards *enteric* fever. There is only one hypothesis capable of clearing up the doubts of the case, viz., that typhus and enteric fever may co-exist in the same patient. It is not strange, therefore, that these two forms should not earlier have been distinguished.

Bronchitis, pleurisy and pneumonia, are diseases which are so closely simulated by enteric fever in its stage of invasion, that caution needs to be exercised to guard against a false diagnosis. This is especially true of those cases (and they are not rare) in which the specific lesions within the abdominal cavity are slow in declaring themselves by their appropriate symptoms. In these cases, the complicating congestion diverts the attention of the disease, so to speak, from its regular seat and with it the attention of the physician to idiopathic inflammations of remote organs.

Tubercular meningitis of children is another of the diseases with which it may be confounded; but bearing in mind that although there may be nausea and vomiting, there is rarely diarrhœa in meningitis, the diagnosis will not be difficult. The duration of the respective diseases also contributes to our aid.

Under the head of *diagnosis*, I wish to call attention to what has been denominated by Dr. Stokes, of Dublin, as aborted fevers. Cases of suspected enteric fever are now and then met with which run so rapidly through their successive stages as to terminate in ten days to a fortnight. In them we have epitomes of enteric fever cases with scarcely a single pathognomonic symptom left out. The diarrhœa is usually slight, the abdominal tenderness not well marked, and the gurgling so inconsiderable as to be distinguished with difficulty. And yet the tongue is dry and brownish, the pulse slow, the skin dry and pungent, the faculties slow in their operation; in a word, these cases seem to differ but little from regular unequivocal cases of enteric fever except in duration. Having years ago recognized this variety of fever, it was with much satisfaction that I recently observed the corroborative views of Dr. Stokes, celebrated for his valuable contributions to the various departments of medical literature, and to whom allusion has already been made.* Doubtless this view will be corroborated by other members of the profession.

Treatment.

In regard to this, I shall be brief, for it seems unnecessary in the present state of our knowledge to advert at length, if at all, to the remedies now in general use. I wish however to call your attention to sulphuric and hydrochloric acids as remedies deserving careful study in their pathogenetic and curative relations to a few characteristic symptoms frequently met in the enteric fever of this locality. For, while it is conceded that every case so far as treatment is concerned, is *sui generis*, it cannot be denied that during particular epidemics, or in particular localities, a given remedy admits of a wider range of application than any other. The suggestion of the use of these two acids like that of the use of many other remedies comes to us from an allopathic source. "*Discat ab hoste docere*," Dr. James Hender-

* Dub. Hosp. Gaz., Dec. 1, 1858, p. 354.

son, medical officer to the Chinese Mission at Shanghai, after speaking of the use of hydrochloric acid in dysentery of a "typhoid type" says; "Some cases of pure typhoid fever occurred during the months of November and December and in the treatment of the disease, the benefits of the hydrochloric acid were strikingly manifest. In the treatment of typhoid fever it seems to me as decidedly beneficial and specific as the effects of quinine in ague." From this we turn to the pathogenetic action of muriatic acid in our materia medica and we readily understand his quasi success. In the use of the drug in that hemorrhagic diarrhœa which characterises numerous cases of enteric fever clinical experience will confirm the conclusions of Dr. Henderson, *mutatis mutandis*. The sulphuric acid in cases, presenting as very prominent symptoms "bloody stools in the evening with burning in the rectum, and pressing in the rectum, as if it would protrude with pressure on the bladder, will be found to fulfill high expectations. Such has been my experience in its use in the epidemic in this county during the past autumn. In regard to the use of stimulants and the treatment known as the "sustaining plan," permit me to say that beyond a nutritious, assimilable diet, carried to an extent measured by the expressed wants of the patient, the "sustaining treatment" under cover of which the plausible pretext is seized of giving freely of alcoholic stimulants, often inducing inebriation, justly deserves our united and unqualified condemnation. In the event of complication, whether it be pulmonic or cerebral the local congestion is unequivocally aggravated under their use; and where no such complications had previously existed they manifestly aid in their development. At the period of the crisis, in that nick of time which the astute physician will ever designate, when the vital powers are trembling in the balance, then a little wine in quantities graduated by the individual toleration may, often will, do good. A marked tendency to coolness of the surface, usually coming on after the fourteenth day though sometimes earlier, manifesting itself first, by the knees becoming cooler than the rest of the body, then by their becoming covered by a cold sweat; this is the signal for dry friction and a careful envelopment of the thighs, legs, and feet in flannel. These seem to be small matters. Individually they are; collectively they are of great importance. For the intellectual torpor so characteristic of the disease, in conjunction with appropriate remedies, I wish to commend a plan which I first learned of Dr. McManus of Baltimore. This consists in a daily drill of his intellect, thus, begin by asking him if you visited him yesterday; if so, at what *time* of the day? Was it clear or cloudy? Who watched with him last night? What is the day of the week? These or others varied to suit the case as prudence may suggest, will arouse him from his torpor, and he will make a manifest effort to shake off the incubus which has settled down over his intellectual faculties. At first I was horror stricken at the practice, because of apprehensions that aggravation of the cerebral congestion would result from it. But I have out lived these fears; for, of the many cases that I have since subjected to this mode of treatment, in none has the least untoward symptom been produced; on the other hand, I have never seen it, when carefully executed, fail to give the most satisfactory results.

ARTICLE XLIX.

Report on Clinical Medicine. Gelseminum in the Treatment of Typhoid Fever. By FEDERAL VANDERBURGH, M. D., of Rhinebeck.

CASE I.

A lady, aged sixty-eight, of sanguine temperament, was suddenly attacked with a slight chill at 2 p. m., when she was in her ordinary health and engaged in entertaining friends. It fluctuated backward and forward during six hours, and was not worse at 8 p. m., than at first, when she retired to bed and fell at once into a profound sleep. At 9 p. m., she alarmed the servant who went to her room by her moaning, and at half past nine I found her in a low, muttering delirium, with the right half of the body cold to the touch, and the left side in a feverish heat. The pulse at the wrists beat in conformity with the differing temperatures of the two sides of the body. The right hand pulse was small and feeble, the left full and throbbing. The respiration seemed short and was attended with groans.

I gave a single dose of Gelseminum* and in thirty minutes the heat and pulsations of the two sides were equally adjusted. At this time the respiration averaged thirty-six, and the pulse one hundred and twenty-six per minute. The tongue was already dry and hard ; saliva like paste, breath offensive, eyes glazed, and countenance sunken with a definite expression of typhoid pneumonia.

I prescribed five drops of Gelseminum in ten dessert spoonsful of water, one spoonful to be given every half hour. At 2.30 a. m., the pulse was reduced in frequency eleven beats and the vessels were more full and differently marked. The respirations were deeper and less frequent, and the delirium assumed a more active character, referring now to the military rout at Bull Run. The Gelseminum was repeated every hour, and at 5 a. m., the delusion of war excitement gradually passed away and she soon fell into a gentle sleep. A slower respiration followed with moisture on the palms of the hands, neck and chest.

At the end of one hour, she awoke with a cough and expectoration of dark, offensive, venous blood which continued till half past eight o'clock, when the breathing became free, fever subsided, and in forty-eight hours she was about the house again.

CASE II.

Twelve months from that day she arose in ordinary health and dined out ; returned at 8 p. m., retired at 9 p. m., and fell asleep, but awoke at midnight in a chill which lasted eight hours. In thirty minutes she became unconscious with the same muttering delirium as before. Pulsatilla was given without benefit, and hot blankets and bottles of hot water were steadily applied three hours before any sensible effect followed. At this time, it was suggested that she was very fond of hot lemonade and would be likely to swallow it; she took it greedily and with external heat, the chill gave way. The reaction was feeble and respiration labored and painful. The morning dawn disclosed a countenance sunken and changed; respiration short and numbering forty-three per minute; pulse one hundred an

forty-six, prostration so great that she would lie in the position given her till it was changed by her attendants.

Three drops of gelseminum were now given at one dose. The breath had become exceedingly offensive and it was soon followed by the exudation of dark, grumous blood upon the pillow. Similar putrid discharges passed unconsciously from the bowels, and the scanty urine gave the same offensive odor.

Drop doses of gelseminum given twelve times at intervals of an hour, after the chill subsided, produced no definite change for better or worse; pulse and breathing remained unchanged; medicine continued as before in rice and toast water.

The third day showed no loss and no apparent gain; room more offensive from want of ventilation.

Fourth day—pulse one hundred and twenty-four, and respiration thirty-six; in other respects better. Gelseminum continued.

Fifth morning—signs of returning consciousness; respiration twenty-six and pulse ninety-eight. Gelseminum superseded by mild re-action and the patient recovered in twenty days, without further medication.

Case III.

A boy, aged nineteen, in the twenty-third day of typhoid fever; had been in an unconscious lethargy sixteen days in the hands of three allopathic doctors; had had watery, brown, offensive diarrhœa, from the seventeenth day of his illness. His treatment had been a Dover's powder one hour and a wine glass of brandy the alternate hour, with an occasional dose of sugar of lead.

These remedies together with the brandy were promptly stopped. As he knew nothing and could say nothing for himself, the general evidence was secondary and taken from attendants. He was hot twelve hours followed by colliquative sweats for the same period.

I ordered rhus and nitric acid, in alternation, every two hours, for the first day and night. The diarrhœa ceased, and he then took ten drops of gelseminum in the course of the day following. To my surprise and satisfaction I found him with a soft clean tongue and showing signs of returning reason. He was dismissed on the seventh day of my attendance, November 29, 1864.

Case IV.

A lady, aged thirty-two, of sanguine temperament, on the third of her illness, exhibiting symptoms of the typhoid kind, simulating delirium tremens; circulation reduced; purple face; sighing; fulness of blood in the brain.

It was at first a dark picture The sighing, sinking respiration was clearly not a gastric symptom. The condition of the brain foiled that suspicion, when it was remembered that sighing respiration is sometimes connected with a turgid condition of the veins of the liver, and that the *vena cava* in that state is embarrassed in the delivery of blood to the heart. The turgescence of the brain must follow as a matter of consequence of the

obstruction The case was unraveled and gelseminum prescribed with prompt results, bringing the patient out of her prostration, and removing the typhoid tendencies. The nervous state which succeeded these more alarming symptoms was relieved by coculus.

ARTICLE L.

Report on Clinical Medicine. Surgical Cases from practice. By JOHN HORNBY, M. D., of Poughkeepsie.

CASE I.—*Recti Occlusionis.*

In December, 1855, I was called out of the city to see a lady, seventy years of age, suffering from occlusion of the rectum. She was of a bilious, lymphatic temperament, of good constitution for her age, and was one of three sisters who had all succumbed to the same disease.

I found her suffering intense pain in the bowels and rectum; the latter was hard, tightly closed and swollen at its extremity so as not to admit anything larger than a probe. She had been without a passage from the bowels for three days; all attempts to relieve them by enemata having failed, and cathartics only aggravating her agonies. She suffered much from thirst; had fevor; was sleepless and restless; refused all nourishment, saying she had no desire for any kind of food and despaired of recovery.

Nux vomica, fifteenth decimal potency, three pills in half a pint of clear rain water, one teaspoonful every six hours, restored the action of the bowels in twenty-four hours. She took three pills of the same remedy, every third night after this for two months, when she regained her usual health, and had no relapse of the disease to the time of her death, from other causes, two years afterwards.

CASE II.—*Ulcus Scrophulosis.*

In 1856, a boy aged seven years, of lymphatic nervous temperament and feeble constitution, was brought to my office, suffering from dorsal curvature of the spine and scrofulous ulcers on the neck, which had been discharging for three years. His parents and one grandmother were all of strumous constitution, and homœopathy had been resorted to, after all other methods of medication had been tried without relief.

I administered conium maculatum, which simulated his characteristic symptoms, in the thirtieth decimal potency, three pills every third night for a year, and at longer intervals for a second year, which restored his general health and healed the ulcers, which have so remained to the present time.

CASE III.—*Tinea Capitis.*

I have cured many cases of scald head in children by the use of the similars, mercurius vivus, graphites and sulphur, in the thirtieth decimal potency; one to three globules in half a pint of clear rain water; dose, one teaspoonful, night and morning, daily; or once in two or three days.

CASE IV.—*Hæmorrhoids.*

Many cases of these painful tumors have yielded, in my practice, to cantsicum[30], nux vomica[16], and sulphur[30], decimal potencies, diluted as above, and administered in similarity with symptoms.

CASE V.—*Ulcus Tibiæ.*

A woman of middle age, robust constitution and nervous bilious temperament, applied to me, with an ulcer on her left leg of long standing. It came, she said, from scratching the part, and had received previous medical and surgical treatment without benefit.

Pulsatilla[15] decimal, three pills in half a pint of rain water, one teaspoonful night and morning for three days, threw her into a state of constitutional erethism simulating pyrexia, without thirst, headache or perspiration; after its subsidence a rash showed itself on her arms and swelling of the glands of the left groin.

The medicine was now omitted and allowed to exhaust itself; when there being reason to believe from her previous associations, that her constitution was affected with syphilitic virus; mercurius vivus[30], decimal, was adminstered, three pills every night. At the end of a fortnight, the ulcer cleaned, commenced granulating, and healed in a week.

CASE VI.—*Erysipelas Phlegmonis Psois.*

One case of this disease which has always been considered dangerous and generally fatal in old school practice, came under my care last spring in the person of a little girl ten years of age, of sanguine, lymphatic temporament and delicate constitution.

It commenced with erysipelatous inflammation and swelling of the instep of the left foot, attended with fever, chills, thirst, sleeplessness and general constitutional malaise; after the fifth day, stinging, burning pain in the instep; ecchymosis of the skin and softening of the tumor, which pointed to the surface in a few days after, broke and discharged creamy matter without smell, mixed with blood. This was attended with abatement of constitutional symptoms, but the stinging pains in the dorsum of the foot still continued. The pains and free discharge continued several weeks, when the scaphoides came away in five pieces attended by copious discharges of creamy matter. The stinging pains then subsided and moderate discharges continued about six months, then abated and is now decreasing, leaving the patient's health much improved. The fistulous openings have not yet healed, as they are encouraged not to do; for I consider them a safe outlet for the strumous matter generated by her constitution, which, however, is less than heretofore.

The homœopathic treatment commenced with the application of warm rain water to the foot through flannel until resolution of the ulcer; and the internal use of rhus toxicodendron, 6th decimal, six pills in half a pint of rain water, in teaspoonful doses, every six hours. This was followed on the appearance of ecchymosis, by arsenicum album, third trituration, one-quarter of a grain in the same quantity of water as above, and taken in teaspoonful doses night and morning, for a fortnight. I then commenced with calcarea carbonica, thirtieth decimal, three pills twice a week, every alternate week, which has been continued to the present time.

When I last saw her, a fortnight since, she gave every indication of a cure, and I confidently anticipate the entire eradication of all her constitutional malady. The foot which had been very much swollen from the first, has returned to nearly its natural size, and of the fistulous openings, three have healed and two remain open as conduits to the discharges.

Case VII.—*Syphilis.*

In the treatment of this disease, I have found homœopathic remedies much more satisfactory than those of the old school. I have cured many cases of hunterian chancre, pseudo chancre, gonorrhœa virulenta, blenorrhœa and sycosis, many of them rendered very severe by allopathic mismanagement.

The remedies I found curative were arsenicum album 30, belladonna 30, cantharis 12, hepar sulphur 3, lachesis 30, mercurius sublimate of the sixth and also the twelfth potency, mercurius rubium 3, mercurius vivus, the first, third, sixth and thirtieth decimal trituration, nitric acid 3, phosphoric acid 3, thuja occidentalis 30, and sulphur 30, given in similarity. Externally, I allowed no applications whatever, except warm rain water.

Case VIII.—*Urethra Stricturæ.*

Several cases of stricture of the male urethra have been treated by me, homœopathically, with very good success, for so inveterate a disease.

Nux vomica in the fifteenth decimal trituration, always relieved the stricture and its continuance at long intervals, preserved the patients from any return of the previous distressing symptoms. I have abandoned the use of the bougie, after repeated trials.

I find keeping the feet dry and warm, and avoidance of stimulants very successful as a preventive against an attack of the disease.

Case IX.—*Spermatorrhœa.*

I have treated several cases of this disease successfully with thuja 3, sulphur 30 and phosphoric acid 30, decimal potency, together with the observance of regular diet and habits. The medicine was administered in doses of three pills at bedtime, once every week, and second week, keeping up their action as long as the cases seemed to require.

Case X.—*Hernia Inguinalis.*

This case occurred in my own person, of which the following is a history:

I am fifty-one years of age, of nervous bilious temperament, and have a constitution highly sensitive to mental and physical impressions. I have long suffered from dyspepsia, which has been aggravated during the last five years. I have had inactivity of the bowels, contracted in India, for the last thirty years, which has alternated regularly during the year with diarrhœa for the last five years, which has promptly submitted to similars of the sixth, twelfth, fifteenth and thirtieth decimals.

Two and a half years ago I was suddenly seized, after standing in a bent position, with pricking, burning pain in the right inguina, followed, in a short time, by a hernial sack of small size, which increased in twenty-four hours to the size of a goose's egg, was occupied by the intestine and at-

tended with pain in the loins, nausea at stomach, and inability to move without a truss, which I have worn daily ever since, not being able to stand five minutes without it.

Having read in the American Homœopathic Review for October, 1864, of the cure in Germany of a man seventy-five years of age, effected by medicines mailed to him by Dr. Fincke, of Brooklyn, N. Y., and reported by him, I wrote to Dr. Fincke for a parcel of the medicines at the potencies cited by him in his report. Not hearing from him until three weeks later, and being anxious in the matter, I wrote after a week's delay to I. T. Taffel, of Philadelphia, (who, I had just then learned, could supply Jenichen's and Lehrmann's highest potencies) for the highest dilutions of rhus and nux vomica. I received by mail the two hundredth potency of each, and took three globules of nux vomica at bed time that night. What was my astonishment and delight to arise from my bed next morning *without hernia.*

For a week after taking the nux I felt a sensation in the groin as if hernia would momentarily protrude, without, however, its descent, for which I repeated the dose of three globules of nux, and since taking the first dose have been as *apparently free from it as if it had never occurred.*

I wish to point to an important fact in this case, namely, that during the period I have had the hernia, two and a half years, I have taken for it specially, and for other ailments, both rhus and nux in the mother tincture, third, sixth, twelfth, fifteenth and thirtieth decimal potencies, without a shade of relief.

I wish also to notice that I was guided to nux from the beginning of my malady by its similarity to all my symptoms, especially the characteristic ones; but, notwithstanding, the lower potencies never helped my case. This strongly corroborates Hahnemann's opinion that the infinitesimallity of the drug bears a strict correspondence to its homœopathicity.

ARTICLE LI.

Report on Clinical Medicine. Homœopathic Treatment of Diseases Peculiar to Women and Children. By JOHN HORNBY, M. D.

Diseases of the uterine system being *sui generalium*, the diseases of women, pertaining to them by sex, and the maladies of children peculiarly theirs through their infantile and developing condition, I propose to treat briefly of them and to illustrate, by several cases, their applicableness to homœopathic treatment.

In November, 1852, I was consulted by a married lady, thirty-four years of age, of dark complexion, and nervous, bilious temperament, for "female weakness," with which, she said, she had been troubled for many years. She had suffered from painful menstruation from the commencement; this had, at times, been mitigated by the treatment she had received, but for some time past this had only served to aggravate the disease, compelling her to resort to homœopathy for the relief she could not obtain from allopathic sources, either at home or abroad.

She looked thin and haggard; was unable to move about on account of constant drawing, bearing down pains in the loins and hips. She had dart-

ing, stabbing and burning in the vagina and uterus, with discharge of bloody pus, constipated bowels; frequent urging to urinate; loss of appetite and strength; headache, often attended with nausea; a peculiar sinking feeling in the stomach; unrefreshing sleep; much anguish and hopelessness of mind.

On inspection, I found the vagina congested, and inflamed at the *cul de sac;* the cervix uteri enlarged to three diameters of the healthy organ, inflamed and containing on its lower part a ragged corroding ulcer, discharging the bloody pus before spoken of.

A solution of liquor hydrargyri per nitratis and clarified rain water was applied to the ulcer with a camel's hair pencil; a dossil of cotton wool introduced between the ulcer and vagina, and the patient committed to rest for a week.

At my next visit, she reported that, the day after the application, her mouth tasted brassy and filled frequently with saliva; this lasted for a week, and then disappeared. The pains in the back and uterus were much relieved, affording her comfort by day and rest by night. The uterus looked better and discharged less.

The mercurius was again applied and left to act for a week, when I found evident improvement; the ulcer had diminished and so also the discharges; she ate and slept better and was gaining strength.

I now applied a weaker solution and at the end of a fortnight found the os uteri reduced one-third; the discharges diminished and altered to pus, such as proceeds from ulcers when granulating.

A weakened solution was reapplied three times at intervals of a fortnight, when the ulcer healed. The os uteri was reduced to its healthy size and so remained; the pains on menstruation ceased; the patient was able to take exercise and had regained her strength and cheerfulness.

The case was allowed to follow its course for two months, when she complained of old symptoms of dyspepsia, which had afflicted her before the uterine disease commenced, namely: heartburn, nausea, headache, sleepiness after meals, constipation and flatulency. She was treated with similars, and, after two months, returned to her situation as stewardess of a sea steamer.

She was obliged, however, to visit me on the return of the vessel to port, as her dyspepsia always returned at sea; attributable to unsuitable diet on board. A residence on shore proved beneficial, enabling her to use proper diet and exercise. She reported that her menstrual difficulties always followed the aggravations of dyspepsia and were improved by their alleviations.

The above is one of seven similar cases of ulcerated os-uteri, treated in the same manner and followed by like results.

Case II.

In January, 1853, I was called to visit a lady afflicted with severe neuralgic pains of the head, stomach, and limbs. She was fifty-six years of age, of nervous, sanguine temperament and feeble constitution. She had been subject to such attacks, periodically, for many years. She dated

them from a severe salivation to which she had been subjected for western fever twenty years previous.

She had had two children at full terms, followed by frequent miscarriages; had suffered from painful menstruation and "female weakness" throughout; that is, bearing down pains in the loins and hips; smarting and burning in the uterus and vagina; leucorrhœa; first milky, then yellow, and lastly bloody pus. Allopathy had given her, she said, all the aid it could afford, but she had been a greater sufferer while menstruation lasted, and when it ceased neuralgia commenced and gradually increased till it culminated, in this instance, in most excruciating pains of the head, stomach, and limbs.

She looked sallow, thin, and feeble; was confined in bed; felt sick at the stomach; the bowels were constipated, which had been their condition for years. She had previously obtained some help from emetics.

She was treated with similars and proper diet, and was completely relieved in twelve hours. She had no return of neuralgia until summer, when she visited friends in the country, and indulgence in improper food induced another attack of less severity, however, than formerly. Similars restored her to health and usefulness. She continued well as long as she confined herself to regulated diet, but indulgence in her former habits of eating invariably caused a return of the neuralgia. Even her constipation was relieved, and in the month of October, 1853, she took leave of me.

This is one of five cases of neuralgia, similar in character, all treated in the same manner, and with like results.

Case III.

In January, 1853, I was consulted by a married lady, aged twenty-five, of nervous, bilious temperament and enervated constitution, for hysterical eclampsia, from which she had suffered for two years.

She said "she had always had painful menstruation, with pains in loins and hips; bearing down, cutting, stabbing pains in the uterus and vagina; leucorrhœa; at first milky, afterwards slimy, and at that time bloody pus. She had had one feeble child, which died shortly after its birth, and was then in her second pregnancy. She had been subject to frequent fits, which were becoming aggravated, causing alarm to herself and friends. Previous allopathic treatment had effected no alleviation in them favorable to cure, and she was forced to try homœopathy."

She was sallow, emaciated, and very nervous; had always had a great relish for dainty living, mental excitement, company, and late hours, in which she had freely indulged, and to which she was then a victim.

Under regulated diet and orderly habits, with the administration of similars, the spasms subsided, and she passed favorably through her confinement. Two months afterwards she was treated for ulcerated cervix uteri, with the liquor hydrargyri per nitratis, after which she was quite restored to health and a better state of constitution, as her friends acknowledged, than she had ever known before.

This is the first of four similar cases treated successfully.

Case IV.

In November, 1853, I was summoned to attend a young lady suffering from menorrhagia, to which she had become subject. She was of nervous

bilious temperament, and debilitated constitution; had had painful menstruation from the beginning, with nausea and sometimes vomiting; constipation, fitful appetite, and imperfect digestion. In her case, the fluid flowed in gushes alternating with dark clots causing pain in passing, preceded by pain in the loins and uterus, at times of great severity.

The administration of homœopathic remedies, with regular diet, restored her in a month to regular menstruation without pain.

The above is one of ten similar cases restored by homœopathic treatment, all which recoveries continued as long as a proper regimen was observed, but returned, invariably, to an aggravation of all former symptoms, *on indulgence in improper diet.*

CASE V.

In May, 1855, I was called to treat a young lady of eighteen years, of nervous lymphatic temperament and robust constitution, for dysmenorrhœa. She had then severe menstrual colic, which always accompanied the appearance of the catamenia, and had a deficient flow of menstruation of a dark color lasting two or three days and followed by leucorrhœa of milky appearance.

She had previously employed domestic and allopathic remedies without advantage. She recovered in two months, under homœopathic medication, and continued well as *long as she did not use improper food.*

Her case is one of fifteen of similar character and results, namely: speedy recoveries under similar and proper regimen, with recurrence on using improper diet.

CASE VI.

In August, 1859, a young lady of seventeen was brought to me by her mother for treatment of chlorosis. She was of nervous temperament and delicate constitution; her complexion was of a pale green color; the whites of her eyes were of a leaden blue, and their lustre dull; she was emaciated, debilitated, and dispirited: had depraved appetite, with unnatural craving for chalk and other innutritious substances. She had been under allopathic treatment for several months without benefit. She recovered under my care in six weeks, and has remained well ever since.

CASE VII.

February, 1862. The patient, a robust girl of sanguine temperament aged sixteen years, complained of severe pains in both hypogastric and loins, attended with uterine colic, nausea and vomiting, headache, fever and sweating, constipation, lassitude and anguish of mind. These symptoms subsided after a week, leaving her weak and dispirited. At the end of a month they returned, and her friends gave her domestic remedies without effect. At the next attack, a month later, she was placed under allopathic treatment, and after a week transferred to me. I found her in a high fever, with severe headache, vomiting, restlessness, severe pains in the loins and hypogastrium and tenderness in the uterus. She had been in this condition for a week, when her friends became alarmed and placed her under my charge.

In three days she recovered, although the menses had not made their

appearance. Her friends expressing much anxiety about her, I found, on examination, the os uteri congested and its orifice closed up. A medium sized gum elastic bougie was gently and gradually introduced into the os, once a week, for three weeks; a high dilution of platina administered once a week, and in a month from the last attack menstruation took place and has done since, though latterly it has been accompanied with pain which has been mitigated by means of careful diet and proper medication.

This is one of twenty-seven cases treated by me on homœopathic principles, which, for obvious reasons I consider preferable to the remedies employed by our allopathic friends.

The medicines employed were aconitum 30, arsenicum album 30, aurum metallicum 12, china 30, belladonna 30, cocculus 12, conium maculatum 30, ipecacuanha 12, lachesis 30, nux moschat 1, nux vomica 15, pulsatilla 12, sabina 30, secale cornutum 3, and sepia succus 30, decimal potencies.

Case VIII.

In August, 1856, an infant, the child of healthy parents, was attacked with cholera infantum. The symptoms were, violent and continual vomiting and purging; thirst, with dry mouth, lips and tongue; head, hot with clammy perspiration on the forehead; cold extremities; purple, marbled color of the skin; panting breath and inverted eyes. The child, had a month before, evinced a craving for food which had been indulged.

The symptoms were carefully met with similars and arrested in twenty-four hours, but he continued weak and feeble for a fortnight. An antisporic restored him to perfect health and he has grown a fine boy since.

Case IX.

In July, 1862, an infant three months old, a child of healthy parents that had been suffering four days from cholera infantum, having been given up as hopeless by her allopathic physician, was placed under my charge. I found the child in the last stage of that dangerous malady. The symptoms were the same as those detailed in the last.

She recovered sufficiently in two hours, for me to leave her for the night, and the next day I found her entirely free of all previous symptoms excepting debility from which she recovered in a week.

Four weeks later, I was summoned in great haste to New York city, where the child was visiting with her mother and indulgence in unsuitable food had reproduced the disorder.

Under my treatment she was sufficiently restored by the following day at three o'clock, for me to leave her, after which, with proper regimen, she progressed to health.

In September, 1863, I was required to accompany the child's father to the house of his father-in-law in New York city, where I found the child in the condition first reported of her; reproduced by the same cause, *improper food.*

She recovered, by the aid of similars, by the forenoon following, so as to be brought home here, accompanied by me. She convalesced rapidly and has since had no return of the malady. She had been in the hands of the

family allopathic attendant, at each of the above attacks—four days on the second, and three days on the last attack—and had, at both times been given up as hopeless.

Many other similar cases treated in the same way have progressed favorably.

Three cases of aphthæ stomacace, two very inveterate through constitutional taint, were restored to perfect health without recurrence, by treatment with similars.

In convulsions of teething children, and the maladies connected with weaning, homœopathic medicines acted *cito, tuto et jucunde*, in all the numerous cases I have attended.

In the diarrhœas of dentition, I have cured large numbers of children without the loss of a single case, though with frequent recurrence of the disease, through improper diet; when this obstacle was removed, the cases progressed invariably to a favorable termination.

I have treated ten cases of membranous croup successfully. In the last, the membrane came away entire after the second dose of kali carbonicum third decimal potency, one half grain in eight ounces of clear rain water, one teaspoonful every two hours.

Nine cases of hooping cough were treated by me with marked success, to the satisfaction of the friends of the patients and the credit of homœopathy.

The medicines employed in the above cases, were aconitum 30, belladonna 30, chamomilla 12, drosera 30, ipecacuanha 12, kali carbonicum 3, mercurius vivus 30, mercurius corr. 12, hepar sulphur 3, spongia 3, sulphur 30, and sulphuric acid 3, decimal potencies; three globules of number two size, dissolved in half a pint of clarified rain water and administered in half and full teaspoonful doses, according to the characteristics of individual cases.

As women and children are subject also to many diseases common to male adults, I propose at some future time, to report my experience in the homœopathic treatment of acute and chronic diseases.

In conclusion, I beg leave to observe, that attentive observation of the diseases peculiar to women and children, as exemplified above, for the last thirty-eight years, in India, England, and these Northern States, has demonstrated to me that they mostly have their origin, directly or indirectly, in *abuse of the functions of the stomach*, directly, in person, and indirectly by inheritance. They are induced by indulgence in improper quantities and qualities of food and dainty and luxurious living among the affluent; and its converse, deficient, innutritious, and deleterious food, alcoholic drinks and insalubrious habitations among the poor; especially in crowded cities; and the universal habit of domestic and professional drugging.

The temperate and frugal of all conditions in life, in all countries through which I have traveled, are, as I have observed, generally exempt from them.

ERIE COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Article 52. List of Officers, Delegates and Members 1864–65.
53. Lachesis in the treatment of Pneumonia and Angina, by L. M. Kenyon, M. D., of Buffalo.

ARTICLE LII.

List of Officers, Delegates and Members 1864–65.

OFFICERS ELECTED, JANUARY 13, 1864.

Dr. A. L. Comstock, ...	of Buffalo,.....		President.
J. W. Wallace,.....	do	.....	Vice-President.
George W. Lewis, ..	do	.....	Secretary.
Alvin Shattuck, ...	do	.....	Treasurer.

CENSORS.

Dr. A. H. Beers,.....	of Buffalo,.....		Erie county.
R. R. Gregg,.....	do	.....	do
A. S. Hinkley,.....	do	.....	do
H. C. Blanchard,....	do	.....	do
A. R. Wright,.....	do	.....	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. A. R. Wright, Dr. George W. Lewis,
A. H. Beers, A. S. Hinckley.

OFFICERS ELECTED, JANUARY 11, 1865.

Dr. J. W. Wallace, ...	of Buffalo,.....		President.
A. R. Wright,.....	do	.....	Vice President.
Alvin Shattuck, ...	do	.....	Secretary and Treas.

CENSORS.

Dr. L. M. Kenyon,.....	of Buffalo,.....		Erie county.
A. C. Hoxsie, ...	do	.....	do
A. H. Beers,.....	do	.....	do
A. S. Hinckley, ...	do	.....	do
S. Z. Havens,.....	do	.....	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. G. W. Lewis, Dr. A. R. Wright,
A. S. Hinckley, A. H. Beers.

MEMBERS.

Dr. Simeon Z. Haven ...	Buffalo		Erie county.
A. L. Comstock.....	do	.....	do
George W. Lewis...	do	.....	do
A. H. Beers	do	.....	do
Alvin Shattuck.....	do	.....	do
Alonzo S. Hinckley..	do	.....	do
David R. Williams..	do	.....	do
A. R. Wright.....	do	.....	do
Lorenzo M. Kenyon..	do	.....	do
R. R. Gregg.....	do	.....	do
J. W. Wallace.....	do	.....	do
Henry C. Blanchard..	do	.....	do
A. C. Hoxsie	do	.....	do
H. N. Martin.....	do	.....	do

Dr. L. Bedford	North Buffalo.....	Erie county.
*Lewis Geise.....	Buffalo	do
*Martin H. Gillett...	Springville.....	do

The annual meeting for the election of officers, is held on the first Wednesday of January. Regular quarterly meetings on the first Wednesday of April, July, October, and January. Monthly meetings are also held on the first Wednesday of each month, from October to April.

ARTICLE LIII.

Lachesis in the Treatment of Pneumonia and Angina. By L. Kenyon, M. D., of Buffalo.†

Having been where I have not seen the Review for two years past, and lately come in possession of the back numbers, I have noticed the discussion which has been carried on in some of its numbers regarding lachesis, and if I am not too late, would like to add my mite in favor of this potent remedy. I will do so by detailing the following case, which I take from my note book, dated October, 1850, simply premising that up to this time I had never given a remedy above the eighteenth potency, and very seldom as high as that.

Mrs. O., aged 48 years, nervous temperament, has for many years, every spring and fall, had acute pneumonia, always been under allopathic treatment, and by a physician of the old heroic school, generally salivated, always bled, blistered and purged, and is now a perfect wreck of her former self. I hardly find an ache or pain that human flesh is heir to, that she does not have. She now resorts to homœopathy, at the earnest entreaty of friends, in hopes she may escape her usual fall attack. The more prominent symptoms requiring immediate attention at the present time, are as follows:

No sleep until after midnight, and frequently until daylight, great despondency and sadness, weakness of memory, headache when in the sun, with glimmering of eyes, swollen and easily bleeding gums, sore throat with sensation of fullness, or as of a plug in the throat, tonsils enlarged, constant dryness of throat, frequent entire loss of voice, burning pain in region of left ovary, menstruation irregular for ten months past, sometimes in twenty days, then passing by six to seven weeks, corrosive acrid leuchorrhea for ten days after menstruat on. Everything sours on the stomach, heartburn almost incessantly, violent pressing, burning pain in the top of the head, from within outwards, constant dry hacking cough, palpitation of heart from slightest causes, exercise or emotions, almost uniform constipation of bowels, coldness of limbs below elbows and knees.

This was the picture presented to my view, and in a patient who had been told by her family physician in whom she had trusted for over twenty years, that she would not probably live through another winter. After a careful investigation of her case, I selected and left her a few doses of lachesis*.

In the course of two honrs I was sent for in great haste to see my patient, and found that within half an hour after taking the first dose, she

---

*Deceased. †Am. Hom. Review.

was taken with violent chill, more of a nervous shuddering than chill, yet the skin was covered, even where she was warmly clothed, with the *cutis anserina*, great oppression of the chest, violent palpitation of heart, beats irregular and intermittent, pulse small, weak and tremulous, entire loss of voice, sensation of throat being entirely filled up, face livid, or almost purple, head confused, slightly delirious, tongue and fauces red and dry.

I was not disposed to give lachesis credit for this entire condition, but administered belladonna, which in a few hours gave her relief. From this time, for several days, other remedies were given, with no perceptible effect, except that under the action of sulphur[18] she would rest quietly all night. Sulphur, of course, became a favorite remedy with her.

After reviewing the whole case again, I concluded to give one dose of lachesis[18], which was the ultimatum of high potencies with me at that time, and, ten days after the former dose, I gave the one dose. In half an hour or less, almost precisely the same condition as followed its former administration, ensued. Balladonna, as before, relieved her, and, in fourteen days, I gave again lachesis[18], three globules, and to my utter astonishment with the same result, only that the symptoms were more severe and urgent in their character. I could, of course, doubt no longer that the remedy had aggravated the case, and, having firm faith in our law of cure, determined to test the matter thoroughly. The aggravation was allowed to pass off under the administration of sac lac., and she continued to improve for about a month, during which time I had obtained lach.[m] (Jennichen's). She had vowed she would never take the remedy again knowingly. I gave her three globules of lachesis[m] at bed time, at the time remarking, that I was very anxious she should sleep that night, so I believed I would give her a single dose of sulphur. She expressed gratification because she always slept so well under that remedy.

When I went in the next morning, I found her speechless; but she wrote on a slate, "You thought you were going to cheat me finely last night, did'nt you, but I knew in less than fifteen minutes after taking the dose that it was lachesis." The aggravation was not as severe, producing only slight oppression of breathing, some dryness of throat and hacking cough, with loss of voice; no chill or palpitation of heart. This dose was allowed to act without interference, and a rapid improvement was the result, and with the repetition of the same dose three or four times during the following six months. She was restored to perfect health. She has never had pneumonia since, and is now a strong healthy woman.

I give the case as it occurred, and leave those who do not get results from lachesis, or who do not believe in the efficacy of high potencies, to draw their own inferences. I have always found lachesis, when well indicated, to be a quick and potent remedy. I have many times removed all the premonitory symptoms of quinsy in persons very subject to it, with a few doses of the 30th, and always find it effectual in those cases of angina, where the pain shoots up from the throat to the ear, especially so, if it is a burning pain. And I have never found a remedy that would so universally relieve the burning pressure from within outwards, in the top of the head, which is frequently the only symptom females complain of at the climacteric period.

HAHNEMANN ACADEMY OF MEDICINE.

55. List of Officers, Honorary, Corresponding and Resident Members, 1864–65.
56. The Plan of the Campaign, and the Elements of Victory. An Address before the Hahnemann Academy of Medicine. By F. W. Hunt, M. D., of New York.

ARTICLE LV.

List of Officers, Honorary, Corresponding and Resident Members, 1864–65.

Officers Elected December 7, 1864.

Dr. Edwin M. Kellogg..	New York.....	President.
F. S. Bradford.....	do	Vice President.
S. Lilienthal	do	Cor. Secretary.
T. F. Allen.....	do	Rec. Sec'y and Treas'r.

Trustees.

Dr. D. D. Smith.....	255 Fourth Avenue....	New York.....
A. S. Ball.....	43 West 11th street...	do .....
S. B Barlow	62 East 21st street...	do .....

Honorary Members Elected in 1850.

Dr. F. F. Quinn	London.
Stapf	Germany.
C Hering.....	Philadelphia.
Haynel	Baltimore.

Corresponding Members

Elected in 1850, *none since.* *Residences given as then stated.*

Dr. M. Andrews	San Francisco, Cal.
E. D. Annin	Newark, N. J.
—— Belden	New Orleans, La.
L. Clary	Syracuse, N. Y.
A. P. Cook.....	Hudson, N. Y.
J. T. Curtis	Danbury, Conn.
J. F. Flagg.....	Boston, Mass.
Elial T. Foote	New Haven, Conn.
W. A. Gardner	Philadelphia, Penn.
J. B. Gilbert	Savannah, S. C.
A. Gray	Buffalo, N. Y.
—— Green.....	Washington, D. C.
R. R. Gregg	Buffalo, N. Y.
E. Guernsey	New York.
A. Hall.....	Poughkeepsie, N. Y.
W. T. Helmuth.....	St. Louis, Mo.
* A. G. Hull	New York.
J. Jeaner	Philadelphia, Penn.
E. D. Jones	Albany, N. Y.
—— Lafon.....	Newark, N. J.
C. P. Leggett	Peekskill, N. Y.
E. Lovejoy.....	Owego, N. Y.

* Deceased.

Dr. F. R. McManus.....	Baltimore, M. D.
J L. Martin.....	Boston, Mass.
C. Neidhard.....	Philadelphia, Penn.
A. H. Okie.....	Providence, R. I.
H. D. Paine.....	New York.
—— Piper.....	Washington, D. C.
E. A. Potter.....	Oswego, N. Y.
J. A. Pulte.....	Cincinnati, Ohio.
—— Reisig.....	Berlin, Prussia.
H. Robinson	Auburn, N. Y.
C. J. Roosevelt.....	Columbus, Ga.
J. Schue	Hartford, Conn.
—— Skiff	New Haven, Conn.
—— Stansbury.....	San Francisco, Cal.
J. T. Temple.....	St. Louis, Mo.
W Wesselhoeft	Boston, Mass.
Gen. C. Wilde.....	Brookline, Mass.
W. Williamson.....	Philadelphia, Penn.
——Bell	Geneva, N. Y.
J. Bennett.....	Rochester, N. Y.
* R. Bryan.....	Troy, N. Y.
J. R. Cox, jr	Philadelphia, Penn.
D. M. Dake	Pittsburgh, Penn.
A. Lippe.....	St. Louis, Mo.
M. M. Mathews.....	Rochester, N. Y.
Isaac Meecham.....	Nunda, N. Y.
——McKnight.....	Providence, R. I.
A. Miller	Cincinnati, Ohio.
E. A. Munger	Waterville, N. Y.
——Pennimann	Pittsburgh, Penn.
——Rheihelm.....	Pittsburgh, Penn.
E. T. Richardson	Brooklyn, N. Y.
——Schell.....	Geneseo, N. Y.
——Schmidt.....	Baltimore, M. D.
W. S. Seward	Liverpool, N. Y.
*N. H. Warner.....	Buffalo, N. Y.
H. C. Preston	Providence, R. I.
W. W. Rodman.....	Waterbury, Conn.
D. A. Baldwin.....	Rochester, N. Y.
Eli S Bailey.....	Brookfield, N. Y.
J. Lillie	Scotland.

Members residing in New York and Vicinity.

Dr. John F. Gray,	Dr. C. Kiersted,
F. Vanderburgh,	Er Guernsey,
Jno. A. McVickar,	B. C. Dutcher,
S. R. Kirby,	J. Croffert,
P. P. Wells,	S. C. Hanford,
S. S. Guy,	J. W. Wodward,
H. Sherrill,	E. G. Bartlett,
A. Cooke Hall,	Jas. H. Ward,
S. B. Barlow,	O. Fullgraff,
L. Hallock,	R. Bartlett,
J. M. Ward,	J. Berghaus,
E. E. Marcy,	E. M. Kellogg,
A. Wright,	R. M. Bolles,
G. S. Browne,	T. W. Donovan,

* Deceased.

Dr. H. G. Dunnel,	Dr. H. M. Smith,
G. E. Belcher,	T. F. Allen,
J. M. Quin,	F. F. Smith,
W. C. Palmer,	F. W. Hunt,
Jas. Mairs,	S. Lilienthal,
A. S. Ball,	R. McMurray,
M. W. Palmer,	C. F. Della Bella,
J. T. Alley,	S. P. Burdick,
J. M. E. Wetmore,	J. C. Mitchell,
E. G. Freligh,	G. L. Freeman,
M. Freligh,	F. S. Bradford,

Dr. J. R. Andrews.

The annual meeting for the election of officers, is held on the first Wednesday of December; regular meetings on the first Wednesday of every month.

ARTICLE LVI.

The Plan of the Campaign, and the Elements of Victory. An address before the Hahnemann Academy of Medicine. By F. W. HUNT, M. D. of New York.

Human life on our earth, is to a great extent, made up of a warfare between man's frail organism and the material element, and laws of physical nature.

In defending themselves against the aggressions of the material world, men have, for the last forty centuries at least, relied chiefly upon a single IDEA; they have guessed at the nature of the perversion of physiological action called disease; and they have supposed that the only way to correct this disordered action was to produce another disordered action which should injure the system in a way as nearly as possible *opposite* to that which the disease *appeared to be* doing. This course has now been faithfully pursued for a few thousand years; and the more intelligent portion of our race are not well satisfied with the results. Indeed, up to this very day it may be said that mankind, "having suffered much of many diseases, and quite as much from many physicians; and having spent all, are not better, but rather worse." It was only near the end of the last century that the idea occurred to a single man that the reason he had failed in practice must be that the profession was on the wrong trail entirely. Perhaps, instead of trying to create a new disease *opposite* in its character to that which we are called upon to combat, we ought to use means capable of causing a *similar disease*. He made the effort to cure diseases on the principle directly opposite to that on which he had been educated to act; and he was successful. He thought the reform of medicine a desirable thing, a thing needful, and proper to be attempted. He set about it, supposing that if he should succeed in pointing out a more safe, certain, and pleasant road to the life-giving and life-renewing fountains of health, all men would thank him; at least they would not *persecute* him.

Had the reform proposed by Samuel Hahnemann been of an insignificant character, it might have been accepted by the medical world without controversy. Had the *new path* into which he invited the profession been only a little smoother than the old one, and lying right along-side of it, like

that which led the pilgrims from the main high-way into the domain of the giant, physicians might have been easily lured into it. Had it been a mere *cross road*, no doubt many were already sufficiently tired of the old beaten road to be willing to try a new one. But the innovation proposed was a radical one. It contemplated a counter-march such as the teachers and practitioners of the healing art had never been called upon to make. It called upon the chiefs of science to *reverse the wheels* of the ponderous engine, and seek for their long sought object in the opposite direction; to dethrone that great Diana that was worshipped not only in all *Asia*, but in all the continents and hemispheres of our globe. The new doctrine came forth embodied in only three simple words, *Similia, Similibus, Curantur*. But it was discovered that, like the three magic words, *Liberty, Equality, Fraternity*, which had just before been spoken in the ears of the masses in France, there was a *power within the words* far transcending all that appeared upon the surface. The wise old counsellors of the schools said to their pupils, "beware of this new tri-colored flag with only three mystical words on it. It contemplates a *revolution*, and the sin of exciting a revolution is greater than the sin of witchcraft." The three words on the banner not only mean all they say, but, like the Welsh triads and the revolutionary flags of the French, they *mean more than they seem to say*. The three potent words of political revolution in France have just *put down the king* for the avowed purpose of "*setting up* the man." But in doing this they have elevated seven hundred *tyrants* in the place of *one king*;" and in the name of liberty they have ruled the twenty-five millions of trembling people of France with the iron sceptre of terror. And now here comes an adventurer in science, who throws a banner to the breeze inscribed with cabalistic words, which may have hidden within them power to wake the dislocating thunder which will rock and uproot the foundations of the venerable temples in which we have so long worshipped. And the fathers of medicine gave to their disciples the same advice for this life that a revolutionist gave to one who was about to enter another. "If there be a revolution in the other world," said Danton to his friend who was on his way to the guillotine, "take my advice and *have nothing to do with it.*"

The revolutionary doctrine of Hahnemann was rejected by men who were zealous of the traditions of the fathers. But the three magic words on his banner had a vital power within them; and they would not die;—they had come into the world to revolutionize medical practice; and, under the name of HOMŒOPATHY, they commenced their work.

The principle of homœopathy has thenceforth to the present time carried on an aggressive warfare against all principles and powers that oppose its universal recognition as the true law of cure. The history of that warfare I do not now propose to give. The position in which homœopathy *now stands before the world* might be set forth with some degrees of clearness, but we shall not now enter upon *that*. What remains to be done? is a still more important question. What is the proper work of the present day and hour? What is the plan of the campaign on which we now enter? and what are the true elements of victory? We cannot enter into the subject; but a few thoughts press upon us.

I. We must hold all the ground that we have ever yet occupied. All

the principles and facts established by the observations of Hahnemann or his disciples must be held fast, whether we *all* place a high value on *each one* of them or not. What these doctrines and facts are in detail, I cannot now undertake to say. I know there are many things claimed that homœopathists don't feel like defending. What I propose is that we *yield nothing* to those who deny the cardinal truth of homœopathy. There may be some advance positions taken by Hahnemann that some would be willing to resign to the enemy. I would rather see the flag of *similia* nailed to every mast on every battery, nowhere to be lowered, never to be hauled down.

But I have heard some homœopathists say: "I think homœopathy a grand improvement, but I can't pretend to defend 'high attenuations' and mere *moon-shine doses.* I can't walk on these *high ropes*, amid these mountain fog-clouds; it makes my head dizzy." We can only say now that there are men who have shown themselves able to walk erect even there. And many of the grandest triumphs of the new doctrine over the old; and *the lightest touches that the delicate fingers of science have ever made upon the secret springs of life have been made by these very men.* And yet there are men who propose to surrender the whole domain of high attenuations, and all the teachings of Hahnemann on dynamization, and confess to the world that we have been lured away from the realm of common-sence by a mere phosphorescent marsh-maiden lamp, which only "leads to bewilder and dazzles to blind." Hahnemann himself regarded the discovery of what he called the doctrine of dynamization as one of incalculable value to our race. Let us consider well the extent of our loss, when we talk about surrendering it.

Hahnemann, in speaking of the treatment of mental diseases says: "A dose stronger than necessary acts with too great violence, and plunges the normal and intellectual faculties into such disorder that it is imposible to discover quickly any amendment that takes place." "It is the common fault of the physicians who go from the old school of medicine over to the homœopathic to violate this most important rule. Blinded by prejudice, they avoid small doses of medicine attenuated in the highest degree, and thus deprive themselves of the great advantages which experience has a thousand times proved to result from them; they cannot accomplish that which the true homœopathist is capable of doing, and yet they falsly declare themselves his disciples." (*Organon*, p. 210. Note.)

We will not pretend to limit the practitioner either in the degree of attenuation to be employed or in the size of the dose. We will acknowledge with Hahnemann that there is "an incredible variety in patients as regards excitability, age, mental and corporeal development, vital force, and especially the nature of their disease," and we cannot pretend to fix positive laws on this point. We have diseases which are natural, simple, of recent origin; others of long standing and complicated, the union of several miasms; and the "commonest and worst cases" are those which have been ruined by wrong medicinal treatment and burdened by medicinal diseases." We only propose then to leave the matter where Hahnemann left it, "to the *accuracy, diligence, and judgment* of the *practitioner* who is master of his art." We will not try to prescribe positive rules, that "cannot be arranged

in tables for the benefit of the incompetent or neglectful." (*Organon*, p. 203.)

II. We must hold fast to the claim made by the same greatest of medical philosophers, *that all the true cures ever performed by anybody, have been accomplished under the homœopathic law.* Though we are able to show that small doses of attenuated medicines are more effective in curing disease than large doses of crude drugs, we acknowledge that some cures (not very satisfactory ones indeed, but still accepted as cures) have been performed by the large doses. To see what sort of cures these were, Hahnemann sifted the medical literature of the past centuries like a man seeking for wheat among chaff mountains; and he thus speaks of them: "If," in these cases, "the doses of medicine exceed those which a safe homœopathic doctrine prescribes, they were, of course, attended with the same degree of danger which usually results from all homœopathic agents given in large doses." Why then do not the large doses of crude drugs always do harm? Because "it often happens, from various causes which cannot at all times be discovered, that even very large doses of homœopathic medicines effect a cure without causing any notable injury; either from the vegetable substance having lost a part of its strength, or because abundant evacuations ensued, which destroyed a greater part of the effect of the remedy; or, finally, because the stomach had received at the same time other substances, which, acting as antidotes, lessened the strength of the dose." (*Organon*, p. 59.)

III. We claim that our remedies have power to cure disease, even under very unfavorable circumstances.

It is often asserted by the opposers of homœopathy that *it* does nothing but prescribe rigid dietetic rules; and that its remedies in themselves are less than nothing, and altogether *lighter than vanity.* It is said that many of the homœopathists themselves acknowledge their remedies to be utterly powerless in the presence of the most insignificant quantities of chemical agents, or atmospheric impurities. They say "homœopathists shrink with horror if they see a rose or other flower brought into the sick-room; they declare at once that they can do nothing if such disturbing agents are allowed to come in. It is possible that the latest and grandest discovery in therapeutics that ever was made by man has only brought back to us "*message of despair?*" Must we surrender every home that may be enlivened by flowers, and every other post of usefulness where impure atmospherie emanations may rise up to set our weapons of warfare at defiance? and must we then retire from the field, confessing that we have no remedies of sufficient power to meet disease when we find him so formidably fortified in his own den?

It is considered a practical impossibility to exclude all active medicinal and opposing influences from the presence of our patients; and it is asked, "how can we expect infinitesimal doses to produce their proper effects when they must come in contact with so many antidoting substances?

The camphor in a drawing-room cabinet—the fumes of a smoking-room—the oil of the gas burned for light, or that of the kerosene lamp so commonly in use; all of these things, in spite of washing, perfume the fingers;

and they are supposed to have power to counteract the remedies we employ to remove the disease. *How then do we ever succeed* in curing disease?

Now it may not be easy to give an answer to this question that will be perfectly satisfactory. But this much may, at least, be said about it:

That homœopathic doses *are* certainly *effectual in curing disease*, in spite of all the antidotes they meet with either in the stomach or in the atmosphere. The theory may not be satisfactory, but the *fact* is positively certain.

The curative power of the medicinal substance selected is necessarily higher than the mere antidotal force of an interfering substance or external influence, for the following reasons:

1. The sensibilities of the diseased organism are highly increased by the disease; and the medicine which has power to cure or remove that state, owes its curative force to that morbid sensibility called the *receptivity* to the action of a true medicinal specific, which is therefore a true homœopathic specific. As no two drugs have an equal pathogenesis throughout, no other agent but one homœopathic to the individual disease can affect the disease specifically, the antidote under no circumstances can exercise a power over the disease equal to the true homœopathic remedy.

2. The medicine is aided in its operation by the vital force of a diseased and highly susceptible organism; while the disturbing influence acts merely upon the inert medicinal substances to which it is antidotal or on organs to the state of which it has no relation.

That the force of the remedy may be influenced to some extent by its antidotes is no doubt true; but we believe that a homœopathically chosen remedy will in all cases, and even in the presence of crude drugs, exert a certain curative influence upon a diseased, sensitive, and highly receptive organism.

The whole world knows that Hahnemann does not advise the combination of various remedies into one mass to be given at once; he nevertheless admits that "effectual cures have been" (though in comparatively few examples) "performed by the aid of mixed medicines." But in these cases "it has been discovered that the medicine whose action dominated over that of the others was always of a homœopathic nature." Facts corresponding with his statements are familiar to all.

By the new expedient in transcendental chemistry, called "SPECTRAL ANALYSIS," some results have been reached which have an important bearing on this subject. At this time, I can only allude to them in a very general manner.

"Every one knows that when a ray of the sun is received on a prism in a dark room, the light expands like a fan, and forms a rainbow with seven colors, well known by the name of *the solar spectrum*." It has been long noticed that, on close inspection, this spectrum is scored by a multitude of *lines* some dark, some bright, always situated at the same relative positions. These are "Frauenhofer's lines," so named from the optician of Munich, who discovered them; and they have been observed to extend in number to about two thousand, as seen in the spectrum from the sun.

Further observation showed that other suns as well as ours furnished similar appearances, but that the lines were not just like those from our sun. Other men discovered the spectra formed by rays of light from other bright surfaces; and farther on, it was seen that the lines that appeared in the spectrum were dependent on the nature and chemical composition of the substances from which the rays of light emanated.

Finally, a grand discovery was achieved by Bunsen and Kirchoff, and announced to the Berlin Academy of Science, Dec., 1859. They had found the explanation of Frauenhofer's lines, and could by their aid give a most minute and satisfactory analysis of the chemical nature of the surface from which the light emanated. A few general statements of fact only are proper to be made here:

Every metallic substance in the volatilized state, in a luminous source, colors in a definite manner one or more of Frauenhofer's lines.

In ordinary experiments, a flame charged with the metallic substance which it is desired to analyze, transmits its rays through the prism and forms a spectrum, marked by the peculiar changes of those lines which distinguish the individual substance.

The power of analysing compounds in which the most minute quantities of rare and little known substances exist, is beyond that of all other means of analysis. Thus it was found that two-thirds of the earth's surface is traversed by currents of Chloride of Sodium, whose impalpable powder impregnates the air that passes over the ocean.

Now it may be that in future experiments we may not find it possible to analyse every compound on this earth and all the other earths of the universe, with such precision that all the material simple elements existing on all of them can be ascertained, even where they only appear *in infinitesimal quantities*. We may, however, I think, accept the most tangible facts already ascertained. We must admit that some new metallic substances have been ascertained which had hitherto evaded all other means of analysis; and when *known substances* are submitted to the operation of spectral analysis, and are afterwards found to be still existing, we may at least conclude that *they* must be still existing. If we may attach only this much value to this method of analysis, we will not think it necessary to reject all that it proposes to show of the individual identity of substances employed as remedies, even when surrounded by crude and powerful agents. We take an example or two as they are published in some foreign journals.

"Chloruret of Lithium," says Dr. Ozanam, furnished me with admirable results:

An infinitely small fragment of a drop, collected on a platina wire as fine as a hair, bent into a loop at the end, was exposed to the flame. This fragment of a drop, appreciable by very delicate scales, was found to weigh one-half a milligramme$=\frac{7.7}{10000}$gr. It was therefore the ten-thousandth part of the entire dilution. Now, not only with so minute a quantity did the specific line of lithium appear in the 2d dilution, but it was also perfectly visible in the 3d dilution, and easily verifiable by any one.

The 4th dilution at first offered but very doubtful indications; but on concentrating it to one half, the red line reappeared. The 5th dilution contains the ten-thousandth part of the 3d dilution; and we may, with the

third dilution properly made and easily verifiable, compose the fifth dilution directly, with the certainty of introducing into it the substance in a still palpable and evident form

Our astonishment becomes still greater if we reflect on the nature of *chloruret of lithium*. This salt contains but one-tenth part of lithium; so that the very first dilution, instead of containing *one grain* of the substance which thus reveals its presence, contains in reality only $\frac{77}{1000}$ of a grain; also the reaction of five centigrammes of lithium (first dilution) has been perfectly visible up to the fourth dilution. And we might have formed the sixth directly by the procedure above pointed out.

And now, says Dr. Ozanam, "I can bring forward a fact for the consolation of those who believe in the too easy alteration of the homœopathic remedies; each of the dilutions which we examined was acidulated with a drop of hydrochloric-acid, in order to facilitate the experiment; and for all that, the *lithium line* appeared with all the regularity of its proper nature. That infinitesimal quantity was not in any respect influenced by the presence of an acid in a dose so proportionally colossal."

"The lithium, properly so-called, was recognized in a drop of the fifth dilution; that is in a quantity equal to five billionths of a milligramme. This preparation had been made, not proximately, but by weight and measure."

The practical question we have merely touched without taking time to clear it up is highly important in its relation to the choice of attenuations, but it becomes equally important when we consider that every article of food has medicinal properties; even the blood when formed contains appreciable, even large quantities of various chemical agents. Whether we give high or low attenuations in large or small doses of salt or iron, they must come in contact with considerable quantities of those same substances already existing in the blood. And yet we know that these agents given as remedies produce curative effects (when those effects are needed), though given in an attenuated form and in a *very small dose* even if the diet, regimen, and surrounding influences are not what they should be.

Let me not be understood to advise any relaxation in the restriction of the patient to a pure diet, moderate in quantity, and in all respects suitable for his condition. I acknowledge everywhere the high importance of a regulated diet. But I would not confess that specific remedies in proper doses will be driven from the field if any other medical agent happens to be present. We never have the opportunity to prescribe for a single patient who has not within him or around him various substances possessed of medicinal power. We find one patient saturated with tea, coffee, tobacco, or opium; another, if analysed by a chemist, would be found to consist chiefly of beer, brandy, gin, opium, quinine and mercury. And yet these patients ask you to cure them, though living under no restricted diet; though they are breathing the exhalations from a slaughter-yard and a soap-factory, and about seven other abominations in the neighborhood. If we cannot do it, they will soon find somebody else who will at least *promise* to do it.

We undertake the beneficent labor of aiding these unfortunate sufferers to rise from the slough of despond, and how do we go to work? We give

some judicious directions about diet, which we know will be most perseveringly *disregarded;* and we also know that the things we have allowed, the articles we have prohibited, and those that the patient will actually use, are all of them, full of active chemical medicinal agents. But we administer an infinitisemal quantity of a single remedy in an attenuated form. The patient takes it on a thickly coated tongue; and, perhaps, it finds its way into a stomach full of fluids, abdominal gases, odors and chemical principles in abundance; and yet we always find that a homœopathic remedy in these finely adjusted doses, does exert a curative influence. The patients do get well, and we look back upon them to inquire how it was accomplished. We see that we have had everything against us; and still, *we have triumphed over everything.* Our success is not due to strictness of diet, though we made many wise observations on that point. We have not had the co-operation of favoring influences on the right wing or on the left; for the surrounding influences have been all evil, and only evil. No! we have not *starved out* the enemy; we have taken the citadel by storm, and forced the garrison to an *unconditional surrender.*

IV. My final proposal is that we proceed to take possession of all the real truths that have ever been discovered by men who, seeking after truth without the light of the law of *similia similibus curantur* to guide them, have accidentally found individual truths which none but homœopathists are able to appreciate. Let us proceed to pick up these truths and appropriate them to their legitimate use in the cure of disease. How the truths are to be eliminated from the errors with which we find them interwoven, will, I think, be intelligible, if I tell you a very brief story:

We have heard on authority of one of the ancient seers, whose name (if I could remember it) would no doubt be received with due reverence here, that in one of the dark nights of the dark ages, a brilliant light appeared in that portion of the heavens called by astronomers the constellation LIBRA, or the *balance.* It was a region of space to which the eyes of all star-worshippers had been often directed before; for they thought they could see there a brilliant delineation of the *scales of justice,* splendidly emblazoned according to the heraldry of the skies. And they had also observed that whenever the sun of our solar system appeared in that constellation, the struggle between light and darkness stood suspended in the balance, rendering the days and nights of equal length in every portion of the world. Wise and good men, therefore, rejoiced to see the light breaking forth when the midnight of the ages had for so short a time been past. They thought it might portend the coming of a brighter day; and they should yet see

"Returning justice lift aloft her scale."

The brightness increased: and it was announced that a decree had gone forth from Jupiter, that all the science, the literature, and the works of men should be tried with fire, that their quality might be tested and made manifest before all men.

And now the works of men, the labors of years, and the production of ages of toil were all brought forward; and the focus of the burning-glass of truth was directed upon them. Many remarkable results were witnessed but I have time to tell very little of them now.

There were mountains of rubbish from which very little worth saving could be eliminated. There were oceans of falsehood, from which could be extracted but a *small* amount of truth. There were books so large that their authors were entombed within them, and no living man would dare to disturb their rest; and yet the books and the authors passed forward to a darker oblivion as soon as the light fell upon them. Many a ponderous volume melted into very diminutive proportions. Massive histories were seen shrinking into small pages; whole libraries disappeared before the sight; and many authors of pompous pretensions hid their diminished heads in undistinguishable darkness.

In the department of law, justice, and individual human rights, some strange things were noted. The old parchment deeds and conveyances of real estate trembled when they were turned toward the fire; and many a well-certified title fell into ashes. Some finely written papers showed here and there, erasures, which in the bright glare of celestial light came up again in legible characters. In others, whole lines had been so changed that the reading was transposed into some new sense not thought of by their authors. From these pages the fire was seen to strike out all the interpolated lines and words; and when its work was done, the time-worn document showed a good title enough for somebody, but not for the party that held the property in possession.

But the most astonishing things were observed when the books of medical science were brought under the blazing focus of the lens. With what remorseless audacity the unpitying fire scorched and crisped up the most venerable volumes which contained the doctrines of the old sages. And then, again, it was astonishing to see some old ideas that had been crossed out by the black ink of one pen after another, rising again as soon as the smoke of the fire of trial died away; and when the dust and cinders of the false had fallen off, the old truths stood forth more conspicuous than ever, and shining more brightly in the clear light of heaven.

What wondrous frauds of quackery and imposture were now revealed! What arts had been practiced upon human frailty and credulity to gain confidence! What brazen-faced impudence melted down in the presence of Heaven's own sun-shine!

It is a long time now since the great conflagration of which I have given you the only tradition that has been handed down to our times. It is only necessary to suggest to you that that mass of old rubbish so frequently referred to as the "wisdom of ages," be now brought to the same ordeal, that we may see how much of it will stand the fire. How much of all the literature of therapeutics will bear the flame when the focus of the burning glass of Hahnemann's law of cure is thrown upon it? I leave you to make the experiment. There will be some flame and some smoke from the chaff when it burns; but if there is any wheat there, you will find it safe when the rubbish is consumed.

We propose then that we shall continue to hold fast to all the ground we have occupied, and at the same time that we endeavor to take possession of the balance of the territories of all the sciences. You hold in your hands a principle, a *law of the universe*, disbelieved in, disallowed, disregarded by all other men, but having before it a mission which can only be fulfilled in the utter subversion of all other modes of curing disease.

We have sketched out our claim in the name and by the authority of the aforesaid homœopathic law of cure to all the treasures and territories of medicine; and no pent up, narrow peninsula must be permitted

"To contract our powers,
For ALL the boundless continents are ours."

HOMŒOPATHIC MEDICAL SOCIETY OF NORTHERN NEW YORK.

56. List of Officers, Committees, and Members, 1865.
57. Proceedings of the Semi-Annual Meeting held in Saratoga, July 12, 1865. By the Secretary, C. H. Carpenter, M. D., of Troy.
58. Address before the Society, July 12, 1865. By the President, W. S. Searle, M D., of Troy.
59. Biographical Memoir of Richard Bloss, M. D. By Benjamin F. Cornell, M. D., of Moreau station.

ARTICLE LVI.

List of Officers, Committees, and Members.

OFFICERS ELECTED JANUARY 1865.

Dr. William S. Searle...	Troy	President.
Samuel J. Pearsall..	Saratoga Springs	Vice-President.
Charles H. Carpenter,	Troy	Sec'y and Treasurer.

CENSORS.

Dr. Simeon A. Cook....	Troy	Rensselaer county.
C. H. Carpenter....	Troy	do
G. H. Billings.....	Cohoes	Albany county.
M. W. Campbell....	Troy	Rensselaer county.
H. E. Fuller.....	Lansingburgh	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Drs. Simeon A. Cook, M. W. Campbell, Charles H. Carpenter.

COMMITTEES.

Dr. B. F. Cornell, Diphtheria.
A. Harvey, Typhoid Fever.
David H. Bullard and J. Younglove, Surgery.
Samuel J. Pearsall, Prevailing Epidemics.

HONORARY MEMBERS.

Dr. Horace M. Paine.....		Albany, N. Y.
William H. Randel.....		do

MEMBERS.

Dr. W. G. Wolcott.....	Whitehall.....	Washington county.
John Sarle.....	North Granville.....	do
H. J. Ward	do	do
James Rice.....	Fort Ann.....	do
*Charles Wilbur...	East Granville.....	do
L. W. Kennedy.....	Cambridge	do
Charles M. Mosher..	Easton.....	do
†Moses Buckley....	Cambridge	do

* Deceased. † Removed without the limits of the Society.

†Dr. W. F. Harding....	Granville	Washington county.
†J. P. Mason	Greenwich	do
†G. H. Billings.....	North White Creek...	do
Charles Lowrey	Union Village.....	do
H. K. Bennett.....	Hartford	do
B. F. Cornell.....	Moreau Station.....	Saratoga county.
Edgar B. Cole.....	Waterford.....	do
*L. G. Perkins. ...	do	do
Zina Clements.....	Saratoga Springs....	do
†D. J. Easton.....	do	do
*George H. Mitchell,	do	do
†J. H. Westcott....	do	do
†J. B. Ward.....	do	do
Samuel J. Pearsall..	do	do
†M. J. Whitdn.....	do	do
Morran J. Matteson.	do	do
†Charles T. Harris..	Ballston Spa.....	do
J. F. Doolittle.....	do	do
J. T. Niver.....	Stillwater	do
*J. L. Stoddard.....	Glens Falls.....	Warren county.
David H. Bullard....	do	do
†A. W. Holden.....	do	do
Simeon A. Cook.....	Troy	Rensselaer county.
*R. S. Bryan.....	do	do
*Richard Bloss	do	do
†George Kellogg...	do	do
William S. Searle...	do	do
M. W. Campbell....	do	do
J. P. Bloss.....	do	do
Charles H. Carpenter,	do	do
John Younglove....	do	do
R. D. Bloss.....	do	do
*J. P. Mosher.....	Schaghticoke.....	do
H. E. Fuller.....	Lansingburgh	do
†A. M. Cushing	do	do
D. W. Pitts	Johnsonville.....	do
Harman Swits.....	Schenectady.....	Schenectady county.
A. Harvey.....	North Adams.....	Berkshire co., Mass.

The annual meeting is held in Saratoga on the second Wednesday in July.

ARTICLE LVII.

Proceedings of the semi-annual meeting held in Saratoga, July 12, 1865. By the Secretary, C. H. CARPENTER, M. D., of Troy.

The semi-annual meeting of this association was held at the Columbian Hotel, in Saratoga, Wednesday, July 12, 1865. The meeting was called to order at 11 o'clock by Dr. Wm. S. Searle, of Troy, President of the Society.

The minutes of the last meeting were read and approved, after which the following gentlemen were elected members of the Society: Dr. Richard

* Deceased. † Removed without the limits of the Society.

Bloss and Dr. John Youngiove, of Troy; Dr. M. J. Matteson, of Saratoga, and D. W. Pitts, of Johnsonville.

On motion, Dr. Wm. H. Randel and Dr. H. M. Paine, of Albany, were elected honorary members of the Society.

A tariff of prices for professional services having been proposed, was, after considerable discussion, referred to the several county societies for final action.

Dr. H. M. Paine presented a communication from Dr. T. L. Brown, entitled "*Comparative mortality statistics, showing the superiority of homœopathic treatment.*" The paper contains the following statement: "Assuming that the whole number of cases were equally divided between the adherents of the two rival schools, this fragmentary record indicates a comparative rate of mortality as follows: Under homœopathic treatment *sixteen* per cent., and under allopathic treatment *seventy-four* per cent. It is alleged by the patrons of homœopathy that their system of practice diminishes the mortality of all curable diseases *twenty* to *thirty* per cent., and we believe this statement will be sustained by further observation whenever and wherever faithfully tested."

Dr. H. M. Paine also presented and read a paper by Dr. Carroll Dunham, entitled "*Pathognomonic and characteristic symptoms.*" The reading of these papers awakened an animated discussion involving important practical questions, occupying a greater part of the morning session, and which was participated in by most of the members present.

The Society adjourned to half-past two o'clock.

AFTERNOON SESSION.

Dr. Searle, President, in the chair.

By a change of the tenth article of the constitution, the annual meeting is hereafter to be held on the second Wednesday of July, and the semi-annual meeting is to be dispensed with. This Society is one of the oldest homœopathic associations in this country, and has been largely instrumental in promoting the best interests of the homœopathic system of practice as adopted and advocated by a large class of regular practitioners in this locality. This change is supposed to be important in order to sustain with greater vigor and efficiency the several legally organized county medical societies within the limits of this association.

The President, Dr. Searle, delivered an address, abounding in sound and seasonable advice to his professional brethren. The address concluded as follows: "But here let me bring these few rambling remarks to a close. Another year, I hope many of them, is before us. They may be years of toil, yet with many hours of rich reward. What earthly satisfaction is greater than that of the successful physician. His every moment is filled with labor for the good of his fellow man, and what though the days are long and the nights cold; what though the muscles ache and the over-taxed brain cry for rest; he shall reap a rich reward in the gratitude of those whom his skill has raised from the bed of languishing, and at last shall receive from the Master the welcome plaudit, 'Well done, good and faithful servant; inasmuch as ye have done it unto one of these, my brethren, ye have done it unto me.'"

The following gentlemen were present:

Rensselaer county—Dr. W. S. Searle, Dr. Carpenter, Dr. Campbell, Dr. Pitts.

Washington county—Dr. J. Searle, Dr. Ward, Dr. Mosher, Dr. Billings, Dr. Kennedy.

Saratoga county—Dr. Pearsall, Dr. Clements, Dr. Matteson, Dr. Niver, Dr. Parker.

Warren county—Dr. D. H. Bullard.

Albany county—Dr. W. H. Randel, Dr. H. M. Paine.

The officers of the Society are as follows:

Dr. Wm. S. Searle, of Troy, President; Dr. Samuel J. Pearsall, of Saratoga, Vice President; Dr. Charles H. Carpenter, of Troy, Secretary and Treasurer.

Censors—Dr. S. A. Cook, Dr. C. H. Carpenter, Dr. G. H. Billings, Dr. M. W. Campbell, Dr. H. E. Fuller.

Committees—Dr. B. F. Cornell, *Diphtheria;* Dr. A. Harvey, *Typhoid Fever;* Dr. D. H. Bullard and Dr. J. Younglove, *Surgery;* Dr. S. J. Pearsall, *Epidemics.*

The Society adjourned to meet in Saratoga on the second Wednesday of July, 1866.

ARTICLE LVIII.

Address before the Homœopathic Medical Society of Northern New York. By William S. Searle, M. D., President, July 12, 1865.

Gentlemen of the Society:

In accordance with time honored custom, one by the way too much neglected in this society, I rise to present a few thoughts to your notice appropriate to the occasion of leaving your presidential chair. The past year of our professional life has, I trust, left many a useful lesson in our minds and hearts—lessons which every conscientious man will ponder long and deeply, and which, if rightly improved, will make the labors of the coming year yet more successful, more a blessing to the community, more honorable to ourselves and to the profession, and still more efficient in hastening on the triumph of scientific truth.

I regret exceedingly that I could not be present with you at our last meeting in Saratoga. A severe case of diphtheria, just then at its crisis, together with other important calls, compelled me to remain at home. For my own sake I regretted it, for I have never returned from these re-unions without feeling girded with new strength to battle with disease. The meetings of this society, while they have lacked the strict form and discipline of larger organizations, have always been eminently practical in their nature, taking rather the form of social professional re-unions, and for one I am far from regretting this. The short time that we can remain together would be comparatively wasted in a formal routine of business, exact reports, and in the speculations and theories which are bandied about in the journals and in the lengthy discussions of the State Society. The real object of our associations seems to be, by common consent, an acquain-

tance with each other, a free interchange of thought upon those medical topics, which are of most pressing and present importance to us all, and a joining of hands around our common altar to the God-given motto to which we have pledged our allegiance.

I do not regret that these are the objects of our coming together; and yet I think there is ample room for improvement in the conduct of our gatherings. And first, let me say that I am feebly trying to set an example which will, I trust, be more ably followed in presenting this address. We should never fail of a short discourse from each retiring president. True, the pen is an instrument to which many of us are far less accustomed than the powder, the pill and the bottle. Not a man of us has leisure to write a carefully studied preparation for these occasions. Nor is this necessary. I will engage to find enough material in any man's private conversation in this assembly, in less than half an hour, amply sufficient for a pleasant and profitable essay. There is no good excuse for neglecting this duty. In the year of any incumbency there is many a half day or evening of leisure which can and ought to be devoted to such a labor.

Again, there are too many Quakers—silent members in our meetings. "How beautiful is silence," saith the poet. Yes, it is true some of us might well study the thought, for among us, too, there have been too great talkers. Would it not be well to adopt a five or ten minutes rule, and let the president enforce it—calling upon each member in turn for an expression of opinion upon the subject under discussion? Every man's experience is peculiar, and his ideas consequently differ somewhat from those held by others. In such a meeting as this, therefore, no one should be wholly silent. Each should be a giver as well as a receiver.

Briefly written recitals of extraordinary cases too would greatly add to the interest and profit of the society. They can in this way be made much more concise and intelligible than verbal communications. Suppose each physician present should pledge himself to bring to the next meeting of this association at least one carefully written clinical case, would it not add greatly to our profit? But I am not disposed to find fault or to be too much of an innovator. As I have said, I have derived too much benefit from these meetings as they exist to criticise them in any censorious spirit. Let us all strive to attend these meetings regularly and each bring some contribution to the common stock. Thus we may render our society so pleasant and profitable that no one of its members will willingly be absent.

I am glad to be able to congratulate this society upon the progress of homœopathy during the past year. Our literature has received very valuable accessions in Marcy and Hunt's new work on Practice (which by the way is the only book worthy of the name), and in Hale's New Remedies we have a treasure of untold value to every physician. I trust, too, that our Homœopathic Publishing Society will shortly begin the issue of the new Materia Medica, a work which, judging from its prospectus, and the names connected with its editorship, will do more to advance the interests of homœopathy than any or all others. I speak thus confidently, believing that, with a full and perfect materia medica, we can cure all curable diseases.

The general interests of homœopathy are also advancing. The pressure brought to bear upon the government has resulted in one forward step at

least. I am informed that Ward No. 3, of the general hospital at Nashville, Tenn., containing one hundred beds, has been placed in the hands of Dr. Sheffield, a resident homœopathic practitioner, and that he is eminently successful. Would it not be well for our Secretary to write to him and express our interest and sympathy for him. Let us also hope that this may be the forerunner of more just and equitable measures towards us on the part of a government to which all good homœopathists are loyal and true.

There is a disposition still rife in our school to agitate the question of dose, and I am sorry to say, with increasing rancor. Partisans on either side are reading one another out of the homœopathic ranks, and becoming really violent and abusive while the question is no nearer settlement than ever before. I have myself considerable confidence in the proposition of Dr. E. M. Hale, namely, that the true law of dose is, that when a drug is given for its primary symptoms the dose should be a comparatively high, and for the secondary symptoms a comparatively low potency. For example, if we would cure tonic spasm for which nux is indicated, we should give a dilution, while in a case of paralysis like that of nux we must give the tincture or even strychnia. Should this prove on investigation to be the true law of dose it will save us from a vast deal of worse than useless wrangling, which certainly has thus far been productive of little but injury, while the spirit of exclusiveness thus engendered is dividing our strength as a school and seriously hindering the progress of the only essential law, "*similia similibus curantur.*"

As to our private practice, I think there is no one present who cannot bear testimony to increased confidence in our method of cure; and with the large accession of new remedies placed in our hands it would be strange indeed if we could not cure cases which had heretofore baffled our best efforts. I offer you a few of the results of my own experience in the use of these remedies.

One of our most valuable remedies in the treatment of typhoid fever is the tincture of baptisia. I have had opportunity to try it in three cases only. One of these was a very plainly marked case of ten days standing, in a young man of vigorous constitution. He had returned with the disease from Washington, where an eminent allopath had pronounced his diagnosis, so that I trust mine will not be called in question. The only remedies used were baptisia, belladonna and bryonia with china after the subsidence of the fever. My calls were limited to six days and at the end of two weeks he appeared at my office to settle his bill.

The second case was that of a feeble boy. The same remedies were used and he was dismissed on the tenth day of attendance. The last case progressed in an equally favorable manner until imprudence brought on a relapse which protracted the illness to four weeks. I very much doubt whether these cases could have been treated with equal success without the use of baptisia.

Phytolacca decandra is an excellent remedy for boils and similar eruptions. It is also highly recommended in psoriasis and scaly eruptions. I have never failed to cure the disposition to boils since I commenced its use. In one case of six months standing where all other remedies failed

and where there then existed a boil as large and as hard as my fist, it was tried empirically by my patient in teaspoonful doses of the tincture with the happy result of curing him of every symptom within forty-eight hours, and he has never had a return of the disease.

The actea racemosa or cimicifuga racemosa I have used with excellent effect in cerebro spinal meningitis, I used, of course, other remedies in alternation with it, but am confident that I could not have attained as great success without it. In one very severe case of this kind, after the inflammatory symptoms had all been subdued by the use of belladonna, aconitum, gelseminum and bryonia, there remained the most terrific and varied spasms lasting for nearly three weeks in spite of all the treatment employed, till, catching at a straw that floated before me in my study of this remedy, I was led to try it with immediate and unexampled effect. It is now my main reliance in cases of pure spinal irritation or inflammation.

Leptandria vulgaris is an unequalled remedy in chronic diarrhœa and dysentery, such as we frequently meet with in returned soldiers. It is especially indicated by a bright yellow coating on the tongue, and black, tar-like discharges from the bowels.

Helonias, senecio and trillium have enabled me to cure many cases of uterine disorder which had before mocked my utmost effort. With gelseminum, I have not been so successful as many seem to have been, owing perhaps to the difficulty I have had in obtaining a good tincture of this plant. I am convinced that many of our failures to effect cures with this and other medicines, are in great measure due to a want of reliable preparations. Veratrum viride has proved with me one of the best remedies in pneumonia.

Time and patience would fail you in listening to my experience with these remedies, but I wish to call attention to the use of the sulphites of lime and soda, as treated of in the last number of the North American Journal. It is there highly recommended in the treatment of all zymotic diseases; destroying, it is supposed, that element in the blood, whatever it may be, which gives rise to disturbances in its composition, such as are witnessed in typhus, typhoid, scarlet, and other fevers. I have used it in one case of scarlet fever with apparently happy effects.

It is the crowning virtue of homœopathy, that our immortal law of cure taken in connection with the proving of drugs upon the healthy, is ever placing in our hands new and invaluable remedies. But what a vast field yet remains to be explored among the elements of nature. Let us do our part in proving these yet unknown agents, trusting that the time may soon come when we shall arrive at the knowledge of their virtues and be the means of securing to the race the blessings they were intended to confer. One of the most common and effective sneers of our allopathic opponents is, that in the application of remedies to disease we ignore pathology. This, I need not say, is grossly untrue. Toxicology, indeed, lies at the very basis of our practice. But, in their prying into diseased anatomy, their careful dissection, chemical analysis and microscopic examinations in search of such a knowledge of disease as will enable them to make a scientific prescription for its cure, is it not very possible, is it not true, that they have gone wide of the mark and sought after hidden treasure where it does

not lie and will never be found? Far be it from me to underrate the careful study of all the sciences connected with medical practice, but in their scornful rejection of our simple law of cure and our proving of drugs to discover their curative properties, where let me ask, has all their scientific research landed them?

Is it not the mournful cry of every essayist and author of them all that their power over disease has not increased in proportion to their progress in science. Indeed, nearly all the progress their much vaunted science has afforded them has been of an entirely negative kind; a crab-like backward progress; an entire demolition of the whole structure of therapeutics which it has taken centuries to build, until at last with Dr Holmes, they are ready to say that, "with the exception of opium, quinine, and a few other drugs, if the whole materia medica were sunk in the bottom of the sea, it would be better for the men and worse for the fishes."

But here let me bring these rambling remarks to a close. Another year —I hope many of them are before us—years of toil they may be, but not without their rich reward. What earthly satisfaction greater than that of the successful physician whose labor is all for the good of his fellow man, and what though the days are long and the nights cold, though the muscles ache and the overtasked brain cry for rest, he shall reap a rich reward in the gratitude of those whom his skill has raised from the bed of languishing, and at last shall receive the welcome plaudit from the Master, "Well done, good and faithful servant; inasmuch as ye have done it unto one of these my brethren, ye have done it unto me."

ARTICLE LIX.

Biographical Memoir of Richard Bloss, M. D. By B. F. Cornell, M. D., of Moreau Station, Saratoga county.

Mr. President and Gentlemen of the Association:

I do not rise to address you upon the principles, the duties, or responsibilities of our profession; these I leave in other hands; mine is a sadder task to speak of the ravages death has made among our number.

One and another and now a third of the fathers of our association have been taken and we are left to deplore their loss. It is my purpose to detain you a few moments by a brief obituary of our departed friend and brother, Dr. Richard Bloss, recently of this city, (Troy.)

In imagination I see him now, as we have so often done at our social gatherings. His gentlemanly bearing, his noble, commanding appearance, the warm, friendly grasp of his hand, the cordial reception of every member of our society, his genial smile, the liquid light in his keen black eye, his gentle speech are all present to us now. May that spirit guide us in the path of duty, stimulate us to professional progress and incite us to emulate his skill, his truthfulness and his virtue.

A year ago last June he came up to Fort Edward in company with some friends, saying that he was unwell and needed relaxation, and had come to spend the day with me. We spent the day in social converse and to me it

RICHARD BLOSS, M.D.
Late of Troy, N.Y.

C. Van Benthuysen, Albany.

is one to be remembered while memory lasts as one of the pleasantest of my life. I have often thought that he had this occasion in mind at that time. He remarked that he was about used up, as he expressed it, that his days were numbered and his labors would soon be ended. He evidently came to talk and I was but too happy to listen. He told me of his parents, of his birth place, of his childhood, and related many anecdotes of his youth his student life, early struggles and particularly of his early professional career. He seemed to enjoy the retrospect, and, at parting, was very cheerful and expressed himself highly gratified with his visit. As I look back upon that day, every incident stands out in bold relief. I can see his expression of satisfaction as if his mind were relieved of some source of anxiety. He also, a short time before his death, dictated to his son much of the early history that on that occasion he related to me; which has been furnished me to be communicated to this society, I believe at his own request. I regret my inability to do justice to the theme, but I would not relinquish the high distinction of being thought worthy to stand as a medium between our lamented friend and this society for any consideration whatever.

Dr. Richard Bloss was born in the town of Royalton, Windsor county, Vermont, April 13, 1798. His father was a respectable farmer in that town. His education up to his fifteenth year was confined to a common village school. At that age he commenced a preparatory course for college. From the age of eighteen to twenty-one he taught school during the winter and pursued his academical course the remainder of the time. He commenced the study of medicine under the instruction of Dr. Joseph Denison, studying and attending lectures for the next three years. He graduated at Dartmouth College, Hanover, in the year 1823.

He commenced the practice of his profession in the town of East Bethel, N. Y., where he remained six years; he then returned to Royalton, his native town, where he soon established an extensive practice which he retained up to the date of his removal to the city of Troy, in 1846. Here he formed a co-partnership with Dr. R. S. Bryan, under the firm of Bryan & Bloss. This co-partnership was dissolved at the end of five years, after which he continued the practice alone, until recently his son Jabez P. was associated with him; and on his removal from the city his son, Richard D. Bloss, was connected with him in practice to the time of his decease.

On the 1st day of January, 1841, he received a slight wound on his thumb and forefinger while engaged in a post-mortem examination of a case of puerperal peritonitis. The inflammation extended up the right arm and formed an abscess under the pectoral muscle, which discharged enormously. Nothing but an iron constitution carried him through this first struggle with disease. He never entirely recovered the free use of that arm and hand. In 1849 a small, dark vesicle appeared on the right thumb, which gradually enlarged for three months, when it assumed a malignant character, producing the same constitutional symptoms as the first sickness. By the advice of Dr. March, of Albany, he applied an unguent of arsenic and sulphur, from which he suffered intense pain until the virus of the wound was overcome by the poison of the arsenic. He had the pathogenetic symptoms of arsenic for more than a year.

From this period he enjoyed fair health for several years, and performed an enormous amount of labor. On the 13th of April, 1858, he took a severe cold, and in three days was so much prostrated that his death was pronounced inevitable by every physician who saw him. This attack came in the form of a carbuncle on the upper lip, in which the entire face was involved and swollen to an immense size. It assumed the purple, malignant appearance of the tumor on his thumb. He remained in a comatose state for nearly three weeks, when suppuration ensued and opened in three places on the face, and also from the locality of the old abscess in the right side. This last continued to discharge for a long time and reduced him very much, but by the aid of the sea breeze he slowly recovered and was again restored to health and usefulness.

In the spring of 1859 he was thrown from his carriage, fracturing his skull and three ribs. He recovered from these injuries and resumed his practice, but not with his wonted energy and assidnity. Poor human nature could no longer bear the draft made upon her. Any extra exertion, sudden jar or even ordinary walk produced pain in his head and side.

Again, in 1861, while getting out of his carriage he had the misfortune to fall and break his arm, which, for want of recuperative power, united slowly and troubled him while he lived. Thus misfortune and suffering had been his lot for many years, and he might be supposed to have purchased immunity for the future. But the ways of Providence are inscrutable. Again was he to pass through the refiner's fire. By suffering, God sealed him for himself.

In March, 1861, a small tumor made its appearance on his under lip. Its growth was slow and unaccompanied with pain. He was apprehensive of cancer, and often expressed his belief that this would terminate his existence. In the fall of 1861 he commenced the application of chloride of zinc, and pursued this course; thus checking its growth till April, 1863. He again consulted Dr. March, who pronounced it scirrhus and advised its removal. He consented, and the operation was performed on the 4th of May. It healed very readily, his general health improved, and he congratulated himself that at last the dread disease was eradicated. He was in better spirits than for a long time before. But his joy was of short duration; the fell destroyer had only relaxed but not relinquished his grasp. In two weeks time he discovered a small, pendulous excrescence on the inside of his cheek, which was removed by the ligature. The soreness and pain, however, increased and presented a dark purple appearance of the glands. He was now conscious that all chance of recovery or help had passed. Yet, although suffering excruciating pain, he retained his equanimity and his characteristic cheerfulness, willing to do anything, make any application or take any remedy to gratify his family or friends. About the 7th of July the last glimmer of hope expired, and he waited patiently the consummation. A tumor had formed near the angle of the jaws, at this time, about the size of a hen's egg, very hard, painful and of a purple, shining appearance. At the middle of August it opened and discharged freely, and at times bled profusely, reducing him very fast. He suffered the most excruciating pain, but retained his faculties unimpaired until the last. On the 13th of September death kindly came to his relief. He was

buried from Christ church, in the city of Troy, on the 15th of September, 1863.

Thus far I have briefly and imperfectly presented the outlines of the biography of our friend, but here I pause, embarrassed by the paucity of words to express our appreciation of his virtues. In the short time allotted me, I can only glance at a few of the most prominent. A volume could scarcely contain his history were every day to form a separate page. Our departed friend was highly distinguished in every relation of life.

In his family he was ever tender, kind and affectionate, the idol of them all. To them the loss is irreparable. Though time may alleviate their grief, it can never obliterate from their hearts the memory of the love and protection, the faithfulness, gentleness and kindness of a life time. Each day they mourn afresh. They miss him from the social circle and the family board; they miss his encouraging, sustaining and protecting care; his words of wisdom, his religious instruction; above all, they miss the master mind at the bedside of the sick; so long had they leaned upon him for support in every exigency that they tremble under the weight of responsibility that has so suddenly fallen upon them.

But they do not mourn alone. We, too, have lost a father, brother, friend. We mingle our tears with theirs, and tender our condolence in this hour of their deep affliction. Nor are these all who mourn. I attended his funeral; the church was filled with mourners, the tear drop of grief was in every eye, and as the mourning procession followed him to his last resting place, groups of men, women and children stood in the corners of the streets looking on with grave countenances and tearful eyes. They, too, were mourners; they, too, had lost a father, friend and benefactor.

Love was the mainspring of his life. As a citizen he loved his country, her institutions and her greatness. He was loyal and patriotic. As a philanthropist he loved his fellow man. To the talented he gave his admiration, to the wealthy his courtesy, to the poor his advice, his services and his substance; they never sought his aid in vain. His mission was to heal the sick, and he never inquired of the prospect of remuneration.

He loved science and sought out her hidden mysteries. He loved nature and revelled in her beauties. He loved his friends and placed his house, his purse and all that he had at their command. He never had an enemy, or he would have obeyed the divine command and loved him. He was a member of the masonic fraternity, and loved the order and the brethren of the mystic tie, while they in turn loved and honored him. He enjoyed all the offices and honors in their gift, being successively master of a lodge, high priest of a chapter, illustrious master of the council (which was named after him), commander of the encampment, and member of the grand body of the State.

More than all, he loved his Savior and his church. He became a member of the Protestant Episcopal Church at the age of twenty-one, and for many years was senior warden of Christ's Church in this city, and contributed liberally to its support. He built a church edifice almost entirely from his own means in his native village, Royalton. He was a regular attendant at the morning service, and rarely absent even at times of most sickness.

He was a sincere and devoted christian, exemplifying his profession in his daily life and conversation, by his humility, charity, faith, meekness and love.

Ostentation had no place in his character. This was particularly manifest at his funeral. Notwithstanding his high position in the masonic order, and though at the least intimation of a desire on his part, he might have been followed to his last resting place with all the regalia and insignia of the fraternity, by thousands of his brethren who would have been gratified to thus testify their love and respect, he desired only the services of the church, and particularly requested that his body might be laid in the tomb with as little ostentation as possible, without giving offence to his numerous friends. In all his intercourse with the world he was courteous, affable, honorable, conscientious, honest, truthful, gentlemanly and kind. All who knew him will bear witness that this estimate of his virtues is not overdrawn.

In conclusion, I contemplate our departed brother in a capacity in which we of this society, and as members of the medical profession are more particularly interested. As a physician, he was scientific, skillful, deductive. His mind was clear, his perceptions distinct, his judgment sound. He commanded the respect of the profession, and the confidence and esteem of the community, and it was while engaged in the daily duties of his profession that all the noble virtues of his character shone forth with peculiar luster. At the bedside of the sick he was mild, gentle and sympathizing, yet firm and decided.

Forty years of his life he gave to the practice of medicine. The first half as an allopathist, the remainder in faithfully testing the truth of the principle "*similia similibus curantur*," how successfully the thousands who have been the recipients of his professional services for nearly a quarter of a century can testify, and we of this society can indorse their testimony.

It was while he and Dr. Bryan were in partnership that homœopathy was introduced into this county, and they were among the first to test its truths. I have frequently listened to each as they have related anecdotes of their early experience, of the ridicule, obloquy, opposition, and almost violence they encountered in their early struggles. But they were of the kind of material of which martyrs are made. Opposition only called forth greater and more persevering effort. They were determined to succeed, and their energy and perseverance were crowned with abundant and enduring success. They became more and more convinced of the truth and reliability of the great principles they had embraced, and as their business increased, they found it necessary to dissolve their connection in order to extend their usefulness over a wider field. Yet they remained fast friends and counsellors to their death.

Our society had for several years been established as the Homœopathic Society of Washington and Saratoga counties, and had become useful and honorable. At our semi-annual meetings in July, 1858, Rensselaer county sent delegates and asked admission, which was readily granted, and the society assumed the name of the Homœopathic Society of Northern New York. Our lamented brother, Dr. Bloss, was one of these delegates, and at our next annual meeting was chosen president of the society, and from

that time to the meeting in July was always present at our meetings. His presence was soon felt in the manner in which they were conducted. They soon rose from a merely social and colloquial gathering to the dignity of a parliamentary body. He felt a deep interest in the prosperity and success of the society, and labored for its advancement. He delivered several addresses and reports of important cases, as well as of scientific investigations; and in all his intercourse with the society, he was dignified and gentlemanly, yet familiar and approachable, ever willing to aid all who were seeking for knowledge. The young, the weak, the desponding were his particular charge, and I appeal to you, brethren, individually, has he ever refused his aid when difficulties beset our professional path? How often has he neglected his own enormous practice to fly to our aid, and then with a manner peculiarly his own, with an absence of all display or arrogance, he has pointed out a proper course to pursue, and made his suggestions with so much candor and mildness that we were almost induced to believe them our own. He gave us confidence in our principles and in ourselves, and much of the success of homœopathy in Northern New York may be attributed to his encouragement.

Brothers, the fathers are gone. Bryan, Mosher, Bloss are names that will be remembered, and their virtues treasured in our hearts, till we are called to meet them in another state of existence. Who shall fill their places? On whom have their mantles fallen? To whom shall we look for counsel, for aid, for encouragement? May this great affliction be sanctified to our good. May it teach us more self-reliance, greater perseverance. May it unite us in fraternal bonds that shall never be broken. By following their example, may we sustain our organization, sustain its numbers, and increase its usefulness. May jealousy and rivalry find no foothold in our midst. And, above all, may it teach us that, however vain we may be of our professional skill and judgment and success, yet death may not be stayed, for we, too, are mortal.

KINGS COUNTY HOMŒOPATHIC MED. SOCIETY.

60. List of Officers, Delegates, Committees and Members, 1864–65.
61. Report of the Kings County Homœopathic Medical Society, comprising:
    A. Proceedings of a meeting held April 12, 1864.
    B. Proceedings of a meeting held December 6, 1864, by the Secretary, BERNARD FINCKE, M. D., of Brooklyn.
62. Report on Clinical Medicine. Nitrate of Silver in the Treatment of Laryngitis. By WILLIAM WRIGHT, M. D., of Brooklyn.

ARTICLE LX.

List of Officers, Delegates, Committees and Members, 1864–65.

OFFICERS ELECTED MAY 3, 1864.

Dr. John Barker	Brooklyn	President.
Samuel S. Guy	do	Vice President.
H. E. Morrill	do	Cor. Secretary.
Bernard Fincke	do	Rec. Secretary.
Henry Minton	do	Treasurer.

CENSORS.

Dr. Albert Wright	Brooklyn	Kings county.
G. W. Burroughs	do	do
F. W. Skiles	do	do

OFFICERS ELECTED MAY 2, 1865.

Dr. J. P. Duffin	Brooklyn	President.
Albert Wright	do	Vice President.
A. E. Sumner	do	Cor. Secretary.
Bernard Fincke	do	Rec. Secretary.
Henry Minton	do	Treasurer.

CENSORS.

Dr. A. Cooke Hull	Brooklyn	Kings county.
A. C. Burke	do	do
J. Lester Keep, jr	do	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Drs. William Wright, W. L. R. Perrine, Samuel S. Guy,
J. P. Duffin, Henry Minton, Bernard Fincke,
Edward T. Richardson.

MEMBERS.

Dr. H. J. Aten	81 Court street	Brooklyn.
John Barker	76 Clinton street	do
A. C. Burke	142 Union street	do
Frank Bond	83 Court street	do
George A. Bowen	60 Pierrepont street	do
Gustavus Bloede	236 Atlantic street	do
Geo. W. Burroughs	345 Adelphi street	do
J. P. Dinsmore	33 Hoyt street	do
J. P. Duffin	109 Remsen street	do

Dr. C. W. Davis.....	Jefferson street, near Broadway	Brooklyn. do	E. District.
J. B. Elliott.....	Corner Clinton and Fulton avenues...	do	
B. Fincke.....	195 Schermerhon street	do	
S. S. Guy.....	Hanson Place, near Elliott Place	do	
Henry S. Gilbert....	372 Bridge street	do	
A. Cooke Hull	105 Joralemon street ..	do	
S. C. Hanford	113 South 5th street...	do	E. District.
W. H. Hanford	90 Fourth street	do	
Lester Keep	Cor. Gates and Vanderbilt avenues...	do	
J. Lester Keep, jr ..	Cor. Gates and Vanderbilt avenues...	do	
Horace May.....	81 Court street	do	
Henry Minton	138 Remsen street	do	
R. C. Moffat.....	82 Clinton street.....	do	
H. E. Morrell	88 Orange street.....	do	
G. V. Newcomb	147 Adelphi street	do	
A. J. Palmer	Bedford av. n. Myrtle	do	
W. L. R. Perrine....	83 Montague street ..	do	
E. T. Richardson ...	87 do	do	
J. G. Rosman	60 Pierrepont street..	do	
F. Stamm.....	52 Meserole street....	do	E. District.
F. Stamm, jr	do	do	do
H. E. Saltzwedel....	98 do	do	do
F. W. Skiles	86 Clinton street.....	do	
——Sommer.....	East New York	do	
A. E. Sumner.....	77 Clinton street.....	do	
John Turner	Bedford avenue near De Kalb.....	do	
J. F. Talmage	105 Joralemon street ..	do	
P. P. Wells	84 Clinton street.....	do	
D. F Wells	84 do	do	
William Wright....	86 Fourth street	do	do
Albert Wright.....	Bedford avenne, corner Broadway....	do	do

The annual meeting is held on the second Tuesday of May; the semi-annual on the second Tuesday of November; adjourned monthly meetings are frequently held.

ARTICLE LXI.

Report of the Kings County Homœopathic Medical Society comprising
A. Proceedings of a Meeting held April 12, 1864.
B. Proceedings of a Meeting held December 6, 1864.
By the Secretary, BERNARD FINCKE, M. D., of Brooklyn.

A.

PROCEEDINGS OF A MEETING HELD APRIL 12, 1864.

An adjourned meeting of the Homœopathic Medical Society of Kings county was held at Brooklyn Tuesday evening, April 12, 1864, at Dr. Moffat's office.

Present: Drs. P. P. Wells, John Barker, J. B. Elliot, J. Lester Keep, E. T. Richardson, R. C. Moffat, F. W. Skiles, C. R. Davis, H. E. Morrill, A. E. Sumner.

The following cases were reported:

Dr. Morrill presented a surgical case of interest, more particularly from its novelty. A child playing with a round stick, and standing in a chair, fell, and in the fall tore open the inside of the cheek in such a way as to cause the parotid gland to protrude. Being unable to return it, he applied a ligature, and then cut it off. Some doubts were expressed as to the possibility of this being the parotid gland, but the doctor, from investigations made by himself and others, was satisfied he was correct.

Dr. Moffat reported the case of a young lady of eighteen, who had been troubled with severe headaches for two weeks, and occasionally suffered the same way during the last ten years. She was of a hysterical nature, had slight febrile symptoms, and some indications of bilious difficulty, yet she was able to wait upon herself. At his second prescription he observed an intermittent pulse with partial paralysis. This case terminated very suddenly and unexpectedly in death, which was ascribed by a near physician to sudden transition of rheumatism to the heart. The doctor, in a very careful and thorough examination, had been unable to detect any indication of heart disease. Pericarditis was thought, by several gentlemen, to have been the cause of death.

Dr. P. P. Wells mentioned two or three cases of rheumatic affection of the heart, similar in many respects to the one already described.

Dr. Barker stated that metastasis to the heart was more liable to occur in persons under the age of twenty.

Dr. Elliot mentioned the case of a gentleman who was quite dizzy and faint in the morning and sent to him for a prescription. He sent aconite and soon after called to see him. He felt his pulse, and, while the patient was describing his feelings, his pulse stopped and he fell back dead. A post-mortem examination exhibited a softness of the muscles of the heart, that being the only abnormal condition.

Dr. Morill. A gentleman had acute rheumatism of the hand; it lasted ten or twelve days, and passed off well. There was no transfer of it, nor any indications of heart disease. Four weeks after, while going to New York one morning, while running for a car, he fainted and fell; he rallied however, and called upon the doctor in the evening. His pulse was normal, and no heart trouble could be detected. A month after this, felt well upon rising, walked a short distance, fell down suddenly, and was dead before he could be carried home.

Dr. Moffat inquired if any one knew anything in regard to a disease which we may fear, called "spotted fever." The attack is ushered in by a chill and followed by fever. Those that recover invariably suffer the loss of some organ.

Dr. Barker saw a case which was *so called*. The child was chilly and blue in the afternoon, fever in the evening, nauseated, faint and flushed. Gave aconite and belladonna. Was sent for in the night, met Dr. Skiles, and they gave aconite. At seven in the morning, found the patient in a

state of collapse, sunken, pale, and some purple spots developed. Gave arsenicum. The child improved gradually and slowly for four days, when there came a swelling upon the knee, which, in two days, grew red and gradually extended over the whole body, resembling scarlatina. In two days again, a vesicular form was presented upon the scarlet eruption, with some sore throat. The patient continued to improve, and finally recovered. The doctor thought it might have been a form of scarlet fever, but an old school physician who saw it said it was "spotted fever."

Dr. Moffat read a letter received by him from New Jersey, where this disease had prevailed, which exhibited strong proof of its being as much contagious as scarlet fever. The head and throat symptoms prevailed in every case, and, where death occurred, it was very sudden.

Dr. P. P. Wells stated that arsenicum, phosphorus and lachesis correspond to the symptoms of the disease as described, more particularly the latter, which corresponds especially to the suffocation and constriction about the throat. Arsenicum would probably do better for the first prescription.

B.

Proceedings of a Meeting Held December 6, 1864.

An adjourned meeting of the Society was held at Brooklyn on Tuesday evening, December 6th, 1864, the Vice-President, Dr. S. S. Guy, in the chair.

On calling the roll, the following gentlemen were found to be present: Drs. S. S. Guy, J. P. Duffin, E. T. Richardson, H. E. Morrill, F. Bond, J. Lester Keep, R. C. Moffat, Henry Minton, J. G. Rosman, B. Fincke, and A. Wright, all of Brooklyn.

Dr. Moffat related a case of varioloid. The patient was a girl twelve years of age, and presented the following symptoms: fever, pain in the head and back; delirium; vomited twice; rasping sound in the throat, cough; soreness of the chest; variolous eruption; twenty pustules on one arm, with all the peculiarities of varioloid, such as the buckshot feel and characteristic odor.

He gave Lehrman's preparation of thuja occidentalis ^{200}, about twelve granules in water, a teaspoonful at intervals of one hour and a half.

The next morning the cough was gone. She had rested well through the night. The smaller pustules were flattened, while the larger ones were more prominent and advanced.

He gave her thuja occidentalis ^{200} four days after. She had continued to improve, the pustules being entirely flattened and gone. The larger ones were now horny prominences. On the sixth or seventh day only the marks could be seen, and the recovery was complete. He thought no scales came off.

Dr. Guy said that, feeling somewhat interested in Dr. Wolf's discovery, he wished to give it a fair trial. He gave a single dose of thuja occidentalis ^{200} in a very clear case of varioloid, one that admitted no doubt as to the nature of the disease. There was much inflammation at the time he ad-

ministered the remedy, and a large number of pustules with pits. On his next visit, the following day, he noticed very little abatement of the inflammatory appearance, but gave no medicine. The next day slight improvement was manifest, and the case now progressed rapidly. The vesicles died away and the patient recovered without administering any more medicine.

Early last fall he had a case of smallpox developed in an individual forty years of age (though vaccinated when a child.)

Thuja occidentalis ^{200} was given, and the dose repeated. The disease was modified by it somewhat, but had its regular course, the patient never being very sick with it.

Another patient, a gentleman, is at this time ill with varioloid. The characteristic eruption, very distinct vesicles in the face, with pitting, appeared in a day after the attack.

Four days ago he gave thuja occidentalis ^{200}, in watery solution, one teaspoonful every four hours, and waited three days for the result. Yesterday the inflammatory action was gone; the eruption extending, the face swollen and the eyes nearly closed; throat dry, husky and sore. To-day he is better, the eruption is at stand, and there is prospect of recovery.

Dr. Morrill stated a case of a sea captain who was taken sick and on Saturday sent for Dr. C., who did not come. Dr. Morrill was called Sunday noon, when confluent smallpox had developed.

He commenced treatment with thuja occidentalis ^{200}, fifteen pellets in water, one teaspoonful every three hours. Monday morning the patient had improved. The former doctor being called again, Dr. Morrill withdrew. The man died five or six days afterward, and a post-mortem examination was held by six doctors.

Dr. Morrill asked the gentlemen whether they would rely upon thuja in the worst cases of confluent smallpox?

Dr. Richardson answered this question by inquiring whether he knew a better remedy to rely upon than thuja?

Dr. Duffin remarked that we should be cautious with these new provings; only severe cases test their value.

Dr. Bond used thuja^{200}, with good results.

Dr. Richardson related a case of small pox, in a young man thirty years of age.

He gave thuja occidentalis^{200}, in water, every four hours. In forty-eight hours the eruption flattened and the progress ceased. There was no suppuration.

Dr. Moffat, at the request of Dr. Minton, related a bad case of small pox, which began like typhoid fever, with bad tongue, delirium, fever, aching pains all over, vomiting till the third day, when the eruption appeared and the fever subsided. In two days more the eruption spread over the whole surface. On the second day, from the wrist down the hand, the pustules seemed countless. The doctor counted one hundred and fifty on the palm of the hand, and the patient two hundred and sixty-three on the back of the hand.

He gave him thuja, also mercurius and vaccinin. The fever went on

without swelling of the face, and with very little odor. The case progressed evenly and steadily, and in good time the patient recovered.

Dr. Guy said, he invariably tastes smallpox on his tongue in going into the rooms of his patients. It is a coppery, styptic taste, and he can perceive it even where he cannot smell the smallpox aroma. He enquired how it was with his colleagues.

Drs. Moffat, Richardson and Guy, were of the opinion that small pox is cut short by thuja.

Dr. Minton inquired if thuja acted also as a preventive.

He was answered that such was the supposition.

Dr. Guy asked the opinion of the Society in regard to a patient now under his care. The case is that of a gentleman fifty years of age, suffering from ulceration of the left side of the scrotum. It commenced four weeks ago, and now forms an elevated ulcer, with hard, horny edges. At first it was a mere abrasion, with slight, watery discharge, but intense pain, extending up into the right hypochondrium, and also to various other parts of the body, much of the time almost beyond endurance.

He treated him merely with application of lint in order to avoid friction, at first, but had since used poultices of carrots and slippery elm. The ulcer looks like the brain of an animal, corrugated. The patient has never had syphilis. Within the past few days a pustule has appeared on the back of the head, as also others over the body, and a milarious eruption upon the abdomen. The ulcer is about an inch in diameter, is advancing towards the penis, and healing on the opposite side.

Dr. Minton presupposed primary chancre.

Dr. Moffat suggested cancer.

Dr. Guy said, the fact that the centre of the ulcer is elevated, proves it to be no chancre.

Dr. Minton thought it might be indurated. He had seen such ulcers. He inquired as to the nature of the eruption on the abdomon.

Dr. Guy said, its appearance was between that of measles and scarlet fever; a sort of milaria. The horny hardness round the sore feels leathery, is of a pale color, and extends about half an inch. The skin around it is not inflamed; the centre is flesh colored, but not bright red. The patient imagines it is cancer, and is much frightened.

Dr. Moffat inquired if Dr. Guy gave creosote? Dr. Guy did not.

Dr. Minton inquired if the glands were enlarged?

Dr. Guy said, they were not. The testicle is a little swollen. There is no glandular swelling anywhere. He had given lachesis and arsenic; the former lower, in solution, one remedy at a time, three pellets for three or four days, and awaited the result.

Dr. A. Wright recommended creosote, but not as high.

Drs. Minton and Richardson moved that the Society adjourn to the second Tuesday in January, 1865, when Dr. Fincke's paper on the Infinitesimality of the Dose, is to be read. Carried.

ARTICLE LXII.

Report on Clinical Medicine. Nitrate of Silver in the Treatment of Laryngitis. By WILLIAM WRIGHT, M. D., of Brooklyn.

CASE I.

Late on the evening of December 12th, 1853, I was called in great haste to meet Dr. E——, of N. Y., in consultation over a patient of his, residing in the seventeenth ward of this city, then supposed to be in a dying condition. On repairing to the house, I found the patient—a married lady, some twenty-five years of age, tolerably robust in appearance, and reputed general good health—reclining on the bed, her head and shoulders supported by her husband, her face considerably flushed and of a livid hue, with an expression of countenance indicative of intense suffering. Her respiration was slow and extremely difficult; each inspiration calling into full play all the respiratory muscles, and giving strong indications of suffocation like that produced by mechanical strangulation. In addition to this, the patient was subjected to occasional attacks of the most violent and distressing paroxysms of dyspnœa, in which she would turn almost black in the face, spring up in the bed, and struggle violently for breath, as though complete suffocation had or was about to take place.

I saw at first glance that this case was evidently a desperate one, and that relief must be *immediate* or death was inevitable.

Dr. E. informed me that he had been using the various homœopathic internal remedies, indicated in such cases, very persistently for the last thirty-six hours or more, but *without deriving any apparent benefit therefrom;* and he gave it as his opinion, from the rapid progress of disease thus far, that the patient could not possibly survive a quarter of an hour!

Knowing that the doctor had exhausted the entire catalogue of known homœopathic remedies, and feeling that it would be an act of folly, if not of criminality, to attempt to repeat them at this critical stage of the disease, I suggested the application of a saturated solution of *nitrate of silver* to the larynx, *as the only remaining hope;* though, I must confess, I almost feared that the moment's interruption of respiration, necessarily attending its application, might prove fatal. Dr. E., however, approved of my suggestion, and, as speedily as the solution could be prepared, an application was made to the parts affected, by means of a camel's hair pencil. The violent paroxysm of dyspnœa which followed it was most distressing, and for a moment almost led us to regret that we had ventured upon so doubtful an experiment. The patient, with a desperate spasmodic struggle, sprang up, the face became dark livid, the eyes fairly started from their sockets, the mouth and nostrils enormously distended, and the countenance gave strong indications of the desperate struggle that was going on within. She gasped, and struggled, and gasped again; but that struggle, fortunately for her and us, brought the anxiously sought for relief. A sort of spasmodic cough emptied the larynx of a large accumulation of thick tenacious phlegm or mucous; respiration was at once restored, the patient quietly sank down in her husband's arms completely exhausted it is true

but the terrible ordeal was apparently passed, and in a few moments her respiration became comparatively easy, and in the course of an hour or so, she fell into a quiet and refreshing slumber.

This improvement seemed to continue for three or four hours, when indications of a return of the difficulty manifesting themselves, it was thought best to renew the application of the caustic. The interruption of respiration in this second application was much less severe than at first, but the relief was equally as prompt and decided. From this moment convalescence was rapid and uninterrupted.

From a review of all the facts and circumstances attending this case, we think we are warranted in the opinion, that *the life of this patient was saved by the application of the caustic*, and that, at the stage in which I first saw the case, *no other known remedy would have successfully met it!*

CASE 2.

On the 19th day of February, 1864, at about 11 o'clock, A. M., I received a message requesting me to call at No. — L. av., at my earliest convenience. On arriving at the house, I was ushered into the chamber, when I found a young lad of some eleven years of age lying in bed, and complaining of sore throat, chilliness alternating with flashes of heat, some thirst, slight dyspnœa, and a peculiar sonorous sound in each respiration, as though the air were being forced through a more or less obstructed passage way. The febrile symptoms were not marked, though the pulse was slightly accelerated.

Upon inquiry, I learned that my patient had, on the previous day, attended school as usual, that he had returned at evening in apparently good health, and had so retired to rest at his accustomed hour; but that, in the course of the night, he had been taken ill with the ordinary symptoms of "a cold," and, as a matter of course, became restless and passed a somewhat disturbed night.

For these symptoms, some domestic remedies were administered at the time, and in the morning the lad appeared "considerably better." Soon after rising, however, all these morbid symptoms returned in a greatly aggravated form, and, at about eleven o'clock A. M., as stated above, I was sent for.

A very brief examination of the case satisfied me that the primary disease was situated in the throat, the exact nature of which, though suspected, I could not then fully determine; but I prescribed acon. and bell., as most prominently indicated, and applied cold water bandages to the throat. The two medicaments to be alternated every half hour.

The only symptom which I discovered at this early stage of the disease, indicative of serious trouble, was met with in *the manner and peculiar* SOUND *of the breathing;* but as the other symptoms, state of pulse, skin, thirst, &c., &c., did not seem to correspond or corroborate the indications drawn from the respiration, I *hoped* that my fears were greater than the *tout ensemble* of symptoms warranted.

At four P. M. I received a second message, saying that my patient was evidently growing worse, and requesting me to visit him without delay. I did so, and found that all the symptoms had become greatly aggravated.

The pulse was now full and beating rapidly; the skin hot and dry; the pain in the throat more severe; deglutition difficult; respiration more obstructed and labored; the inspirations and expirations being quite slow and requiring the exercise of great muscular power to accomplish either. The sounds emitted were not exactly metallic, but more resembling air forced violently through a dry sponge or other even more compact yet porous body. Articulation was now very much impaired, he scarcely being able to raise his voice above a whisper. The fauces were of a bright reddish hue, the tongue covered with a thin whitish coating, and the thirst considerable. But the main distress seemed to arise from the dyspnœa or difficulty of respiration. Acon. and phos. were now administered, with an occasional dose of hepar-sul. or spongia. The two first remedies were directed to be given, in alternation, once in half an hour; and the cold water bandages around the neck continued. At eleven o'clock, P. M., I was again summoned to the bed-side of my patient. I found that my remedies, instead of having arrested the disease, *had failed entirely in mitigating even a single symptom;* and that the disease had marched steadily and rapidly on until the case had now assumed, or was fast assuming, a most alarming aspect. The dyspnœa was now most distressing, and the respirations so laborious that, at each inspiration, all the thoracic and abdominal muscles were brought into violent action, swaying to and fro with his body the entire couch upon which he lay, though that couch rested upon an iron bedstead.

Fearing a speedy and fatal termination, and that by suffocation, I immediately proposed a consultation. This proposition was at once acceded to, and within a very brief space of time, Dr. A. W., of this city, met me at the bed-side of my patient. Various remedies were suggested, in addition to those previously resorted to—and tried, *but proved entirely unavailing.* As our patient was evidently fast sinking, brandy was now given to support him; but all the indications pointed unmistakably to a speedy and fatal termination.

Recalling to mind the case of Mrs. T.—detailed above—I proposed nitrate of silver to the fauces, and it was at once agreed that it should be tried. A strong solution was therefore immediately prepared, and, with the aid of a small roll of linen improvised, I made the application, extending as low in the throat as I could. But, much to my surprise and disappointment, its application did not bring the anticipated relief, neither did it seem to be attended with any of the suffocating effects apprehended. The disease still continued to march on with fearful rapidity, the dyspnœa and labor of breathing had now become most distressing to the patient, and heart-rending to his friends. At one moment the patient exclaiming, in the faintest whisper, "O, I haven't got anything to breathe!" And well he might, for breathing seemed to have entirely failed to bring that relief to the system for which breathing was instituted.

His medical advisers were now forced to the conclusion that he could not, in any probability, survive for half an hour, while his friends around him manifested their convictions by the inquiry, "Doctor, does he yet breathe?"

Not satisfied with the result of the first application of the caustic, and hoping that it might yet be made to bring some relief, I determined upon making one more application; more, I confess, from the *hope* that it might, than from a *real expectation that it would* meet his case. It was accordingly applied, thoroughly swabbing out the entire fauces; and, in a violent struggle for breath which speedily followed *this* application, a quantity of thick tenacious mucus or phlegm was thrown up accompanied with a piece of solid matter about the size and shape of a date seed, very firm and tenacious, strongly resembling diphtheritic deposit, and of a pearly white hue, except a portion of it which was slightly mahoganized in color, probably tinged by the nitrate of silver.

The crisis was passed! My patient *immediately* began to breathe easier; respiration could now be performed by the action of the respiratory muscles alone; the countenance assumed a more cheerful aspect; the voice was measurably restored, so that he could articulate distinctly; in short, *the transition was as great as it could have been by the sudden removal of a ligature from around the neck which had before threatened immediate suffocation.*

In less than an hour our patient was so far restored that he could converse quite freely and fluently, and a short time thereafter, laugh at some of the ludicrous blunders, which some of the attendants had made during the excitement of the most trying moments. From this time recovery was rapid, a few days sufficing to restore him to his full measure of former health. It might here be added that, for an hour or two previous to the use of the caustic, fomentations of hot water had been freely made to the throat, more by the interference of over-zealous friends than by the directions of his physicians. But the sudden and complete relief of our patient, and his restoration from apparent death to life, we think, was most evidently attributable to the caustic; though it is barely possible that the other means and appliances resorted to may have measurably prepared the system for this favorable result. Whether this be *pure* homœopathic practice, or whether in its use we were trenching upon the prerogatives of our allopathic friends, I shall not now stop to inquire; yet I may be allowed, in passing, to say, that because the practice of cauterizing the throat in disease has been most shamefully abused by physicians of the antagonistic school, that *of itself* does not constitute a valid reason why we may not occasionally resort to it, especially in clearly indicating cases; and, it appears to me, that the record here furnished is conclusive as to its efficacy in arresting laryngitis, *even in its utmost extremity*. In avoiding Scylla, therefore, let us not be so unwise as to run into Charybdis.

LIVINGSTON COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

63. List of officers, Delegates, Committees and Members, 1864-65.

ARTICLE LXIII.

OFFICERS ELECTED OCTOBER 6, 1864.

Dr. J. M. Blakesley.....	Dansville	President.
I. J. Mechum	Nunda.....	Vice President.
James A. West.....	Geneseo	Secretary.
O. D. Hamilton.....	Fowlersville.....	Treasurer.

CENSORS.

Dr. James A. West.....	Geneseo	Livingston county.
B. F. Dake.....	Mount Morris.....	do
I. J. Mechum.....	Nunda.....	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. I. J. Mechum, Dr. James A. West.

DELEGATE TO THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Dr. A. L. L. Potter.

OFFICERS ELECTED JUNE 13, 1865.

Dr. J. M. Blakesley	Dansville	President.
I. J. Mechum	Nunda.....	Vice President.
James A. West.....	Geneseo	Secretary.
B. Frank Dake	Mount Morris.....	Treasurer.

CENSORS.

Dr. J. M. Blakesley.....	Dansville	Oneida county.
O. D. Hamilton	York.....	do
A. L. L. Potter	Nunda	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. James A. West, Dr. B. Frank Dake.

DELEGATE TO THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Dr. J. M. Blakesley.

COMMITTEES.

Dr. B. Frank Dake, on Rheumatism.
James A. West, on Dysentery.

MEMBERS.

Dr. J. M. Blakesley.....	Dansville	Livingston county.
I. J. Mechum.....	Nunda.....	do
A. L. L. Potter.....	Nunda.....	do
B. Frank Dake	Mount Morris.....	do
W. R. Wells	Mount Morris.....	do
O. D. Hamilton	Fowlersville.....	do
James A. West.....	Geneseo	do

The annual meeting is held on the second Tuesday of June; the semi-annual on the first Tuesday of October.

MADISON COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

64. List of Officers, Delegates and Members, 1865.
65. Report of the Madison County Homœopathic Medical Society, comprising
    A. Proceedings of the First Meeting, held January 4, 1865.
    B. Proceedings of the Second Meeting, held June 27, 1865. By the Secretary, GEORGE B. PALMER, M. D., of East Hamilton.
66. Report on Clinical Medicine. Pneumonia and its Appropriate Treatment. By GEORGE B. PALMER, M. D., of East Hamilton.

ARTICLE LXIV.

List of Officers, Delegates and Members, 1865.

OFFICERS ELECTED JANUARY 4, 1865.

Dr. D. D. Loomis, Morrisville, President.
Ira C. Owen, Sherburne, Vice President.
George B. Palmer, East Hamilton, Secretary and Treasurer.

CENSORS.

Dr. A. E. Wallace, Brookfield, Madison county.
G. L. Gifford, Hamilton, do
George B. Palmer, East Hamilton, do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. George B. Palmer. Dr. Ira C. Owen.

OFFICERS ELECTED JUNE 27, 1865.

Dr. D. D. Loomis, Morrisville, President.
Ira C. Owen, Sherburne, Vice President.
George B. Palmer, East Hamilton, Secretary and Treasurer.

CENSORS.

Dr. Isaac Clark, Eaton, Madison county.
G. L. Gifford, Hamilton, do
Ira C. Owen, Sherburne, Chenango county.

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. George B. Palmer. Dr. Ira C. Owen.

DELEGATE TO THE ONEIDA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. G. L. Gifford.

DELEGATE TO THE ONONDAGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. George B. Palmer.

HONORARY MEMBERS.

Dr. E. A. Munger.....	Waterville.....	New York.
G. W. Bailey.....	do	do
H. M. Paine..... ...	Albany	do
W. B. Brown.....	Rochester	do

MEMBERS.

Dr. D. D. Loomis	Morrisville.....	Madison county.
Isaac Clark.....	Eaton	do
G. L. Gifford	Hamilton	do
George B. Palmer....	East Hamilton	do
A. E. Wallace	Brookfield.....	do
Ira C. Owen	Sherburne	do

The annual meeting is held on the fourth Tuesday of June.

ARTICLE LXV.

Report of the Madison County Homœopathic Medical Society, comprising
A. Proceedings of the First Meeting, held January 4, 1865.
B. Proceedings of the Second Meeting, held June 27, 1865.
By the Secretary, GEORGE B. PALMER, M. D., of East Hamilton.

A.

PROCEEDINGS OF THE FIRST MEETING.

At the annual meeting of the Homœopathic Medical Society of Oneida county, held at Utica, on the 18th day of October, 1864, Drs. E. A. Munger and George B. Palmer were appointed a committee to secure the organization of a homœopathic medical society in Madison and Chenango counties.

In accordance with an invitation issued by this committee, a meeting was held at the office of Dr. Loomis, in Morrisville, on Wednesday, the 4th day of January, 1865, at which the following gentlemen were present, namely:

Dr. D. D. Loomis.....	Morrisville.
W. B. Brown.....	Hamilton.
G. L. Gifford.....	do
A. E. Wallace.....	Brookfield.
Ira C. Owen.....	Sherburne.
George B. Palmer.....	East Hamilton.
E. A. Munger.....	Waterville.
G. W. Bailey.....	do
H. M. Paine	Albany.

The meeting was called to order at 11 o'clock, A. M., and on motion, Dr. Munger was made temporary chairman, and Dr. G. B. Palmer secretary.

Dr. Loomis then introduced the following resolution:

Resolved, That the physicians and surgeons present proceed to organize a homœopathic medical society for the county of Madison, in the State of New York, in pursuance of an act entitled "An act to incorporate Homœopathic Medical Societies," passed April 13, 1857. Carried.

On motion, a committee consisting of Drs. Loomis, Owen, and Wallace, was appointed by the chair, with instructions to report a form of constitution and by-laws for this society.

The committee presented a report, which was amended, and on motion adopted.

The society then adjourned for half an hour.

AFTERNOON SESSION.

After coming to order, the society proceeded to the election of officers as provided in the constitution, with the following result :

Dr. D. D Loomis.....	President.
Ira C. Owen.....	Vice-President.
George B. Palmer.....	Secretary and Treasurer.

CENSORS.

Drs. A. E. Wallace, G. L. Gifford, George B. Palmer.

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. George B. Palmer, Dr. Ira C. Owen.

MEDICAL COMMITTEES.

Drs. Owen, Brown, and Wallace, Theory and Practice of Medicine.
Palmer and Gifford, Special Pathology and Therapeutics.
Gifford, Wallace, and Owen, Materia Medica.
G. B. Palmer and Wallace, Surgical Cases.
Owen, Palmer, and Wallace, Obstetrics.
G. B. Palmer, Gifford, and Brown, Diseases of Women.
Owen, Brown, and Loomis, Diseases of Children.
A. E. Wallace, Loomis, and Brown, Prevailing Epidemics.

On motion of Dr. Owen, Drs. E. A. Munger, H. M. Paine and G. W. Bailey, were elected honorary members.

The regular order of business was suspended to allow the introduction of a series of resolutions by the secretary of the State society, Dr. Paine, strongly urging the importance of organizing county societies in every county where they do not already exist, and also in regard to the reorganization of the American Institute of Homœopathy, all of which were adopted.

Dr. Paine also presented a number of valuable and interesting communications, among which were

"Surgical Cases," by Dr. John Hornby.

"Malignant Pustule," by Dr. T. Dwight Stow.

"Gelseminum in Typhoid Fever." Dr. Vanderburg.

"Uses of Spigelia," by Dr. C. W. Boyce.

"Proving of Phytolacca." Dr. W. Warren.

Several valuable and interesting clinical cases were related by gentlemen present.

Dr. Paine also presented a meteorological record for the year 1864, which was read, and on motion, a copy was requested for publication.

The following resolutions were adopted :

Whereas, county medical societies, as auxiliary to the State Medical Society, are designed to promote the advancement of medical science, and

for this purpose only by enactments of the Legislature, are made the legal representatives and guardians of the interests of the medical profession in their respective localities; and

Whereas, the number and influence of county homœopathic medical societies indicate in a measure the extent and progress of the homœopathic school in this State; and

Whereas, the usefulness of the State Homœopathic Medical Society depends upon and is augmented in proportion to the number of delegates from these associations; therefore

Resolved, That the organization of county homœopathic medical societies, wherever practicable, in all the counties of this State, is extremely desirable, and should engage the immediate attention of the regular homœopathic medical profession in all the counties in which societies have not yet been formed.

The following was also adopted:

Whereas, the efficiency and usefulness of the American Institute of Homœopathy would be largely increased by changing its form of organization to that of a representative body, composed of delegates from the several State and county medical societies in this country; therefore

Resolved, That members of this Society, who are also members of the institute, and who may be present at its next meeting, be requested to advocate such a change of organization, and to act as representatives of this association.

The Society then adjourned to meet at the Wickwire House, in Hamilton, on the fourth Tuesday in June, 1865, at 10 o'clock A. M.

B.

Proceedings of the Second Annual Meeting held June 27, 1865.

The first annual meeting of the homœopathic medical society of Madison county, was held at the Wickwire House, in Hamilton, on Tuesday, June 27, 1865.

The meeting was called to order at 11 o'clock A. M., the president in the chair. On calling the roll, the following gentlemen were found to be present: Drs. D. D. Loomis, W. B. Brown, G. L. Gifford, Ira C. Owen and Geo. B. Palmer. Dr. Isaac Clark, of Eaton, was also present. The minutes of the previous meeting for organization were read and approved.

Dr. Isaac Clark, of Eaton, Madison county, was proposed for membership, and on ballot, elected.

The Society then adjourned for one hour.

Afternoon Session.

Society called to order and reports of standing committees were called for.

Dr. Brown, from the committee on theory and practice, presented a verbal report of the history and treatment of an interesting case of croup, in which phytolacca decandra was used with fine effect.

Dr. Palmer, of the committee on special pathology and therapeutics, read a paper entitled "*Pneumonia and its Appropriate Treatment.*"

The committee on materia medica had no written report, but presented some suggestions regarding the use of hydrastis canadensis, erigeron and sticta pulmonaria, which called out an interesting and profitable discussion.

Dr. Owen, from the committee on diseases of women and children, presented, in connection with the history of several cases, some very valuable suggestions in regard to the treatment of leucorrhœa and prolapsus uteri; and also gave his treatment of cynanche trachealis. His remarks gave rise to a very interesting discussion by the members of the Society.

Dr. Loomis gave a description of a troublesome form of ophthalmia which had prevailed in his vicinity.

The president then proceeded to deliver the annual address, which was full of interest, and well worthy of the attention which it received.

The report of the treasurer was presented, accepted and ordered on file.

The secretary called the attention of the Society to the provision of the by-laws which requires each member to present a written article upon some medical topic at each meeting of the Society, and urged upon those present the importance of a strict compliance with this regulation, as a means of securing much that is valuable which otherwise would be lost.

On motion, it was

Resolved, That the next meeting be held at the Wickwire House, in Hamilton, on the fourth Tuesday in June, 1866, at 10 o'clock A. M.

The Society then proceeded to the election of officers with the following result: President, Dr. D. D. Loomis, Morrisville; Vice-President, Ira C. Owen, Sherburne; Secretary and Treasurer, Geo. B. Palmer, East Hamilton; Censors, Drs. Isaac Clark, G. L. Gifford and Ira C. Owen.

Dr. G. L. Gifford was elected delegate to the Oneida County Homœopathic Medical Society, and Dr. Geo. B. Palmer to the Onondaga County Homœopathic Medical Society.

After reading the minutes, the meeting was on motion adjourned.

ARTICLE LXVI.

Report on Clinical Medicine. Pneumonia and its Appropriate Treatment. By GEORGE B. PALMER, M. D., of East Hamilton.

This disease, which in our changeable climate, is of frequent occurrence, consists primarily of an inflammation of the parenchyma, or substance of the lung, followed by hepatization, or *red softening* or *infiltration* (by which various terms it is distinguished), which is the second stage; and again, by suppuration, as the third and last stage. The external manifestations, as well as the pathological condition of the lung, of course, varies with the different stages. In the first or inflammatory stage, we have chills, followed by fever; difficult respiration; cough short and dry; pulse generally quick and hard; pain in the chest, particularly on taking a deep inspiration. The pain is rather dull than otherwise, more a feeling of weight and oppression. The patient usually lies on his back. If there is any expectoration it consists of a tough, lumpy, rust-colored mucous. In speaking, he is apt to pause after each word or syllable. The face is sometimes purple; cheeks red; tongue dry, with great thirst, and the skin hot. The sound on percussion may not be much impaired.

The physical changes of this stage are marked. The vessels of the parenchyma are found to be gorged with blood, causing the pulmonary cells,

usually filled with air, to be contracted and solid. The blood itself is also changed, there being a real stagnation in the capillaries. The red corpuscles undergo a marked transformation, whereby exosmosis of their contents takes place, as evinced by the rust colored sputa, which is seen at this and subsequent stages.

The second stage is marked by a decided dullness on percussion; the bronchial rale is distinctly heard; there is greater difficulty of breathing; the voice has a peculiar pectoral tone; the pulse is not so full or hard, and greater prostration is usually manifest.

The interval from the first to the second stage is sometimes very short, occurring as soon as the second or third day, especially in young and vigorous persons, who are more prone to plastic exudations. In some cases the first stage lasts ten days or more, and may then pass into a chronic form, or at once into the third and last. At this second stage we find the lung dilated to its utmost extent, and of a brown red, or liver color. It is condensed without an crepitation, and is softened so as to be easily broken down with the finger. The cut surface is covered with granular elevations, which are the air cells, now filled with pus. Hardly any trace of the real substance of the lung remains, except the bronchial tubes and the larger vessels.

The third or suppurative stage is marked by slight shiverings; livid face, with bright red patches; pulse weak and thready; increased and increasing prostration; the pain or oppression of the chest is sometimes abated; the expectoration becomes free, purulent, of a brown or greenish color; a gurgling sound is heard in respiration, caused by the air passing through pus. This stage may or may not follow rapidly upon the second.

The physical changes are a more complete disorganization and softening of the whole substance of the lung, which becomes of dirty gray or straw color. The whole mass is infiltrated with pus, and upon being cut into a yellowish or greenish water oozes out. The circulation is very much interrupted, as is seen by the appearance of the veins and skin before death.

This disease is often complicated with pleurisy; some contending that it never occurs without more or less pleuritic inflammation. In this case the pains are more acute, and of a darting or shooting character. Sometimes it manifests itself in connection with acute bronchitis; sometimes with bilious complications, known as bilious pneumonia; and again with marked typhoid tendency, called typhoid pneumonia.

The disease may terminate by resolution, in which case some profuse evacuation may take place, such as diarrhœa, hemorrhage from the bowels, epistaxis, profuse sweat or increased discharge of urine. It may terminate fatally, even in the first stage, in persons of low habit. The different stages are not always well defined, or the changes mentioned distinctly marked. As remarked above, they may often follow each other with great rapidity; indeed, examples have been found where both lungs were inflamed throughout, and all three stages existed at the same time.

The causes of this disease are various, though most usually arising from exposure to cold and dampness, or raw winds. It may be produced by external violence, the inhalation of irritating substances or poisonous

gases. It sometimes arises from suppressed hemorrhages or habitual secretions. Persons who use alcoholic stimulants freely are decidedly prone to it; such cases almost always taking a peculiar and severe form, the inflammation spreading and advancing very rapidly.

Treatment.

In no disease has homœopathy demonstrated more clearly its superiority as a system of medicine than in the varied forms of pneumonia. The average mortality has been reduced more than one-half under its treatment. While the disease may be fatal in every stage, it may be and has been arrested in every stage While a large number of remedies have been used by our school, many of which are valuable, I shall only mention a few of the more important ones.

At the first or during the inflammatory stage, recourse must be had to aconite, bryonia and gelseminum; and allow me to say that in the last named remedy we have one which is fast proving itself to be of great use in the treatment of this disease as well as many others. Possessing, as it does, some of the properties both of aconite and belladonna, it can but be useful in those cases where inflammatory action is present with arterial congestion, as is eminently the case in this disease. Recent provings of baptisia (by Dr. Hadley) point to it as a remedy likely to prove of service, especially in the typhoid form of the disease.

During the second stage tartar emetic, phosphorus, phosphoric acid, stannum, cheledonium, tincture sulphur and lycopodium are used. While in the third or suppurative stage, arsenicum, carbo veg., china and mercurius must be exhibited.

I would also speak of the use of veratrum viride. Having recently had occasion to test it in this disease, I am well pleased with its effects. It seems to be homœopathic to the incipient stage. When engorgement alone exists, sanguinaria canadensis may be of service, particularly if there should be bronchial complication. In addition I have found decided benefit from the use of hot water as an adjuvant; compresses wrung from hot water and placed on the chest as hot as can be borne, and closely covered with dry cloths.

In conclusion, it is my opinion that a large majority of cases of pneumonia may be arrested at the outset by the prompt use of the proper remedies; and that under judicious homœopathic treatment a great proportion of all cases may be cured.

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Article 67. List of Officers, Delegates, Committees and Members, 1864–65.
68. Schedule of Prices for Medical Services, adopted by the Society, December, 1863.
69. Report on Clinical Medicine. Pathology of the Nasal Passages. By T. F. ALLEN, M. D., of New York.
70. Memorial of the late Abraham D. Wilson, A. M., M. D., of New York. An address by the President, JOHN F. GRAY, M. D., of New York, delivered before the Society, April 10, 1865.

ARTICLE LXVII.

List of Officers, Delegates, Committees, and Members, 1864–65.

OFFICERS ELECTED—DECEMBER 14, 1864.

Dr. Egbert Guernsey ...	New York....	President.
Robert McMurray...	do	Vice President.
Henry M. Smith....	do	Secretary.
Edwin M. Kellogg ..	do	Treasurer.

CENSORS.

Dr. Lewis Hallock.....	New York	New York county.
Alonzo S. Ball.....	do	do
John F. Gray.....	do	do
Benjamin F. Bowers.	do	do
George E. Belcher...	do	do

DELEGATES TO THE STATE HOMŒOPATHIC SOCIETY.

Dr. Alonzo S. Ball,	Dr. Samuel B. Barlow,	Dr. Edward Bayard,
Jacob Beakley,	George E. Belcher,	Benj. F. Bowers,
Egbert Guernsey,	Lewis Hallock,	F. W. Hunt,
Benjamin F. Joslin,	Edwin M. Kellogg,	Erastus E. Marcy,
Robert McMurray,	John McE. Wetmore,	Daniel D. Smith.
Henry M. Smith,	John A. Ward,	

COMMITTEE ON STATISTICS.

Dr. Edw'd. P. Fowler, Benj. F. Bowers, Dr. F. S. Bradford, Edward Bayard,

Dr. Henry M. Smith.

HONORARY MEMBERS.

Constantine Hering, M. D.,.....	Philadelphia, Pa.
David Wilson, M. D.,.....	London, Eng.
John Epps, M. D.,.....	London, Eng.

CORRESPONDING MEMBERS.

C. W. Boyce, M. D.	Auburn, N. Y.
Horace M. Paine, M. D.,.....	Albany, N. Y.

MEMBERS.

Dr.	Timothy F. Allen....	96 4th avenue.....	New York.
	J. T. Alley	.....	do
	J. R. Andrews.....	84 East 22d street....	do
	J. G. Baldwin	22 East 24th street...	do
	Alonzo S. Ball.....	43 West 11th street..	do
	W. J. Baner.....	18 East 19th street...	do
	Samuel B. Barlow...	62 East 21st street...	do
	Edward Bayard.....	6 West 14th street....	do
	Jacob Beakley.....	Grammercy P'k House	do
	George E. Belcher...	50 East 21st street...	do
	H. G. Benjamin.....	179 West 24th street..	do
	R. Blackelock.....	262 West 24th street..	do
	*R. M. Bolles.....	.....	do
	Benjamin F. Bowers.	22 East 20th street...	do
	†J. Bowers.....	.....	do
	F. S. Bradford	103 4th avenue.....	do
	S. P. Burdick.....	303 West 34th street..	do
	J. A. Carmichael....	116 East 20th street..	do
	C. F. Della Bella.....	36 Union square.....	do
	J. W. Dowling.....	32 East 20th street...	do
	Carroll Dunham.....	68 East 12th street...	do
	J. T. Evans.....	27 East 31st street...	do
	J. H. Forbes.....	22d street and 7th ave.	do
	E. P. Fowler.....	37 East 15th street...	do
	W. Freeman.....	35 Clinton place.....	do
	E. G. Freligh.....	128 9th street.....	do
	M. Freligh	128 9th street...	do
	Otto Fulgraff.....	41 East 15th street...	do
	John F. Gray.....	43 East 20th street...	do
	Egbert Guernsey....	18 West 23d street...	do
	Lewis Hallock.....	92 Madison avenue...	do
	A. Houghton.....	185 West 26th street..	do
	F. W. Hunt.....	107 West 36th street..	do
	Benjamin F. Joslin..	52 West 29th street...	do
	Edwin M. Kellogg...	96 Fourth avenue.....	do
	C. Kiersted.....	172 West 32d street..	do
	C. C. Kiersted	do do	do
	O. R. King.....	21 West 22d street...	do
	Stephen R. Kirby....	31 W. Washington pl.	do
	Alexis Leon.....	26 East 22d street....	do
	S. Lilienthal.....	230 West 25th street..	do
	†E. Lovejoy.....	.....	do
	*B. Lasius	... .	do
	Erastus E. Marcy....	26 East 22d street....	do
	Robert McMurray...	204 2d avenue.....	do
	H. B. Millard.....	7 East 27th street....	do
	J. J. Mitchell.....	812 2d avenue.....	do
	M. W. Palmer.....	64 Rivington street...	do
	W. Peterson.....	27 East 31st street...	do
	T. S. Ring.....	—— 82d street.....	do
	J. V. F. Shœckel....	.....	do
	H. Sherrill.....	513 Hudson street....	do

*Deceased. †Removed from the county.

Dr. Daniel D. Smith.....	71 Irving place.....	New York.
Henry M. Smith.....	105 4th avenue.....	do
Thomas F. Smith....	1 West 124 street....	do
S. W. Taylor.....	147 Hudson street....	do
A. P. Throop.	.....	do
†Joseph L. Wade....	.....	do
John A. Ward.....	41 West 23d street...	do
†W. G. Wellman....	.....	do
Edwin West.....	42 W. Washington pl.	do
J. McE. Wetmore....	50 East 21st street...	do
L. de V. Wilder.....	55 West 28th street...	do
*A. D. Wilson.....	.....	do
*Clark Wright.....	.....	do

The annual meeting for the election of officers, is held on the second Wednesday of December. Regular meetings are held on the second Wednesday of March, June, September and December.

ARTICLE LXVIII.

Schedule of prices for Medical Services adopted by the Homœopathic Medical Society of the County of New York, December, 1863.

First office consultation.....	$2	to $10
Subsequent office consultation.....	1	" 5
Rising at night without leaving the house.....	2	" 5
First visit.....	2	" 5
Subsequent visit.....	2	" 3
Advice to each additional patient in the same family, *half price.*		"
Consultation visit.....	5	" 10
Visit in haste, or at a time appointed by the patient, *double rates.*		
Visit at night.....	5	" 10
Visit to Brooklyn, Jersey City, or Hoboken.....	5	" 10
Consultation visit to Brooklyn, Jersey City, or Hoboken.....	10	" 20
Visit out of the city $1 per mile, *extra*, to be charged from the railroad station, steamboat dock, or ferry landing.		
Visit in contagious or epidemic diseases, where personal danger is apprehended.....*double rates.*		
Visit on board vessel in the stream.....	5	" 10
Ordinary case of midwifery, including accouchement only...	10	" 50
Applying forceps or turning, *extra*.....	10	" 25
Case of abortion.....	10	" 25
Vaccination	2	" 10
Venereal diseases.....*double rates.*		
Letter of advice.....	5	" 25
Detention per hour.....	5	
Opening abscess	2	" 5
Each dressing of wound.....	1	" 5
Introducing catheter—male.....	5	" 10
do do —female	3	" 5
Examination of chest.....	5	" 10
Uterine examination.....	5	" 10
Post-mortem examination.....	10	" 25

*Deceased. †Removed from the county.

Examination and certificate in case of insanity.....	$5	to $25
Opinion involving law questions.....	10	" 50
do upon life insurance.....	3	

Charges for surgical services discretionary with the physician.

At the annual meeting of the Homœopathic Medical Society of the county of New York, held December 9, 1863, a committee appointed to revise the schedule of prices reported the above.

HENRY M. SMITH, M. D., *Secretary.*

ARTICLE LXIX.

Report on Clinical Medicine. Pathology of the Nasal Passages. By T. F. ALLEN, M. D., of New York.*

The nasal passages afford ingress and egress of air to and from the lungs, at once sifting the air from impurities by means of the hairs that thickly stud the lower fossa, and, to a certain extent, analyzing it by means of the special sense of smell. The olfactory nerve showers down from the cribriform plate of the ethmoid bone and is distributed to the conolutions of the superior and inferior turbunated bones and upper portion of the septum, in which region the lining mucous membrane of the nose (the pituitary or schneiderian) is most developed, and productive of nearly the whole of the nasal discharges.

This special sense is *only* special, distinguishing only odors; perception of warmth and cold, itching, tickling, pain, etc., as well as the reflex action of sneezing, is given by the nervous trigeminus, or, to speak strictly, the nasal branch of the ophthalmic division of the fifth pair. The presence of a moist surface is essential to a perception of odor, in other words, it has been proven beyond a question that a substance must first be gaseous (volatile), and secondly brought into solution, to affect the delicate papillæ in which the ultimate filaments of the olfactory nerve terminate. Even aqueous solutions of gaseous odors will not affect the sense of smell if injected as such into the nostrils; the substance must enter the nostrils as a *gas.* Dark colors are capable of absorbing odors more readily than light. The same we know is true in regard to light and heat; the order as regards absorption of odor is black, blue, red, green, yellow and white. It has come to find its practical application in the use of white sheets and coverlids, white walls in hospitals, etc.; also warmth and moisture facilitate this absorption; so warm, damp atmospheres hold more odors in solution or suspension than cold, dry ones.

Odors have been variously classified by Linnæus as aromatici, fragrantes, ambrosiaci, alliacci, hircini, tetri and nauseasi; by Larry, as alkaline, acid, camphoric, ætheritic and narcotic; by Laller, very sensibly as pleasant, unpleasant, and indifferent. Our appreciation of odors, and hence, to a certain extent, of the chemical composition of substances, often far excels any chemical tests, and rivals, if not surpasses in delicacy, that beautiful test—the spectral analysis. In animals it is often developed to a far higher degree, owing to the special nerve development and the greater surface exposed to action. I must forbear to pursue this subject to a great

* Am. Hom. Review.

length, nor can I now speak of the relation of the eustachian tube to the sense of hearing; the arguments pro and con and the experiments are numerous and very interesting.

As bearing upon our pathology, there are, opening into the nose in the middle fossa, the ethmoidal cells (possibly also sphenoidal), frontal sinuses and antrum highmori, into the lower fossa, the lachrymal canal, that sewer of the eye.

We must pass now to our principal subject, the pathology of the nasal passages, and I am constrained to remark that two weeks, in an exceedingly busy season of the year, when two consecutive hours are nearly unattainable, has given me hardly time to lay out my work. I need not apologize, therefore, for its hasty composition and lack of interest.

Anomalies of the Sense of Smell.—Anomalies consist in exaltation or increased susceptibility, depression or decreased susceptibility or total obliteration, loss of smell, or perversion.

Any of these conditions may be a condition or accompaniment of disease; the depression or loss may be an affection of the special sense or be brought about by mechanical obstruction of the nostrils; so also perversion may only be a normal exercise of the special sense in recognizing offensive secretions or the sense itself may be perverted. This latter point could not be settled with any certainty; we may recognize offensive discharges from a patient's nose, and the patient himself be unconscious thereof, or the reverse may be true; the fact alone concerns us in the treatment of nasal catarrh, and is of great importance, as much so as the character of the discharge, whether acrid or not; yet, *in this connection*, the reason for this perversion is of no more practical value than the chemical composition of the acrid discharge.

In one connection this abnormity of smell will be of great importance, as showing a general pathological condition, viz: in paralysis; as conditions of general nervous depression in which the special senses are in abeyance, as in hyoscyamus, where the loss of smell has no connection with any organic change in the *nosé*, but is in consonance with general loss of sense and vitality. We find *special* pathological or pathognomonic conditions of exaltation of smell under aurum, belladonna, lycopodium, nux vomica, phosphorus; also aconite, china, coffea, graphites and plumbum.

Aurum, everything smells too *strong* (also found in sulph.)

Drosera, great sensitiveness to sour smells.

Graphites, intolerance of flowers.

Phosphorus, exceedingly sensitive to bad smells, with headache.

Tabaccum, smell is very acute in the morning.

Sabadilla, sensitive to the smell of mice.

Sanguinaria, great dislike to the smell of syrup.

Belladonna, the smell of tobacco is unendurable.

Lycopodium, the smell of hyacinth produces nausèa.

Sulph. acid, the smell of coffee is intolerable.

Sense of smell is diminished under bell., calc. carb., sep., sil., sulph., tab. and others.

Sense of smell is lost under aurum, causticum, hyos., kali bichrom., lycopod., natr. mur., plumb., sanguin and sulph.

Aurum in connection with extensive organic destruction; so also, kali bichrom., smell diminished with frequent sneezing; blunted smell even of strong scents, followed by frequent sneezing and incipient coryza, then loss of smell, with great dryness and insensibility or numbness of the nose.

Causticum has a loss of smell, with impaired vision.

Hyoscyamus, with loss of taste.

Natr. mur., has a loss of all smell and taste, with severe fluent coryza.

Teucrium m. v. is reported by the late Dr. Wurmb to have cured loss of smell.

Under *Perversions of Smell*, I include those bad smells resulting not only from change of the function of the special sense, but from offensive discharges; it is impossible to draw the dividing line. I may remark here, that these different smells are not to be viewed as mere curiosities of disease or drug action, but are to be noted as practical indications in the choice of the remedy. They will often decide, when we may be in doubt, between two or more drugs.

In general, perversions of smell belong to bell, calc. carb., paris quad., anac, aur., kali bichrom., kreos., graph., menyanthes, nit. acid, puls., sanguin. and sulph.

Agnus castus, sometimes smell of herring, sometimes of musk. Smell of pus at night.

Anacardium, smell as of dung or burnt tinder, on rising in the morning. Veratrum and bryonia also have a smell like dung.

Arsenic., smell as of pitch, sometimes as of sulphur before the nose.

Aurum, putrid smell on blowing the nose, (very many aurum symptoms are manifested on blowing the nose,) momentary smell as of brandy, with dyspnœa; also a sweet smell.

Bell. has very especially a smell of rotten eggs, so also calc. carb., kali bichrom. and nux v.

Alum has a sour smell in the morning.

Conium, a smell of pitch in the back of the nose, he fancies he can taste it also.

Graph., a smell of burnt hair mixed with sulphur. A smell of burning soot. (Nux v. also has a smell of sulphur.) Smell as of an old coryza at night.

Bry. The smell of dung is a frequent accompaniment of other bry. symptoms.

Kali bichrom. Sensation as if she drew in sulphuretted hydrogen with each breath. Bad smell preceded by stuffing and increased secretion. Smell of rotten eggs. Putrid smell with a watery discharge and redness of the nose, smell of rotten eggs. Imaginary putrid smell. Sensation of fetid smell.

Lavendula vera. Peculiar indescribable smell and taste.

Lycopod. Smell like lobsters.

Kreosote. An indescribably bad smell in the morning on waking.

Nit. acid. Bad smell in the evening.

Nux vom. Smell like rotten eggs, rotten cheese, sulphur, and candle stuff, all manifested and aggravated in the evening.

Menyanthes. Disgusting smell like rotten eggs in a room and in the open air.

Mercurius. Putrid smell.

Puls. Illusion as if he had smelt tobacco and coffee together, even in the open air. Bad smell in the morning. Smell like an old coryza.

Sanguinaria. Smell as of roasted onions.

Senega. Putrid smell.

Sulphur. Smell like shelled peas, burnt horn, or like old coryza.

It may seem superfluous and even foolish to pay attention to these little smells, but I, for one, am as much interested in these peculiarities as in the question of the microscopical character of tubercle, whether it is hardened pus or undeveloped blastema; indeed more so, for the former these smells are practical, the latter theoretical.

We are accused of catering to a theory, I insist that we are eminently practical.

We pass from the anomalies of the special sense of smell to the abnormities of *structure* in the nasal passages. I will pass over all congenital malformations, multiplicities, hypertrophies, deficiencies of development, etc., to *acquired* anomalies.

1st. The *lachrymal canal;* bony, lined with an extension of the schneiderian mucous membrane, affected by extension of inflammations from the nose or the eye.

Severe inflammation of the lachrymal sac tends to produce imperforation; a pustule forms on one side of the nose near the inner angle of the eye; it may become a running sore, the tears constantly overflow the cheek, causing excoriation. Lachrymal fistula, confirmed, has not been considered subject to medication, but the pathogenesis of pulsatilla guarantees to us that in very many, the majority of cases, it will arrest the formation—nip it in the bud; it is applicable in the first stage. So also silicea and natr. mur. ought to cure and have cured confirmed fistula.

Dr. Dunham related to me a case in which there was no doubt of the diagnosis of a fistula of long standing, and the cure was complete and without mistake after the use of natr. mur. This fistula does not cure itself.

There came to me, to the Central Dispensary in this city, a German girl of eighteen, for menstrual troubles, especially menstrual headache and delaying menstruation of such characters that silicea seemed to me to be the appropriate remedy. After deciding upon my remedy, I noticed on the side of the nose near the eye a small pustule somewhat inflamed. I asked her about it and she said it was of no consequence, it had been there three or four years, and came on after a severe cold in the head. On inquiry I found that the tears continually ran over the cheek of that side, the right; that there was no mistake about a lachrymal fistula on that side. I remembered that Hahnemann, in his introduction to the proving of silicea, recommends it for the cure of lachrymal fistula, and, though somewhat sceptical about this case, did not change the prescription; silicea was taken twice a week. In less than three months the tears no longer overflowed the cheek; in less than *one* month the pustule entirely disappeared, leaving smooth skin, red,

but without tenderness. I made sure that tears were normally secreted by holding the lids apart and pressing on the caruncula lachrymalis.

Petroleum would doubtless prove curative under certain circumstances, though I have never heard of its administration.

The eustachian tube is liable to become occluded by extension of inflammation from the nostrils or pharynx, and here as in occlusion of the lachrymal canal I do not believe in the necessity of operation, and, in anticipation, shall not believe it a sign of progress when people come to wear tubes from the posterior nares to the internal ear. I am unable to give an analysis of the drug pathogenesis on this canal; we infer their action from various correlative symptoms; there may be many, we must be careful, however, in our estimate of symptoms, for examaple lachesis has pain on swallowing going up into the ear, but the course of the pain is along the parotid gland, it is more external than internal. In gelsemnium the reverse is true, it is internal not external. To illustrate the action of gelsemnium I have a very striking and apt case which much astonished me and the patient.

A young lady of 22, in affluent circumstances, felt compelled to apply for relief from the terrible sick headache which preceded every menstrual period, appearing from twenty-four to thirty-six hours before the flow, and attended by profuse vomiting with bearing down pains in the abdomen; no pain in the back, the symptoms relieved on appearance of the flow. Cocculus was prescribed which certainly relieved her somewhat, and, in time, I think, would have gradually cured her, but after two months I was requested to take her throat in hand. For several years she had been having with increasing frequency, a sore throat coming on with a little fever and leaving her a little deaf. Lately every change of weather affected her throat, and she was becoming more and more deaf, and constantly so, when her throat was inflamed and sore (confined to the upper part of the pharynx), pain on swallowing would shoot up into the ear. The family were becoming alarmed, as one member, an old lady, formerly subject to like attacks of sore throat, became exceedingly deaf. I took down all the symptoms; was confident I did not have the right remedy with me, at least not in my head, and promised to send it up. I studied but could not make it out, at last gelsemnium was suggested to me and I sent it. It astonished us all; she had not a sick day with her menstrual periods nor has she had a sore throat since; and no difficulty of hearing in the slightest degree, from the time she began the gelsemnium. She took but little, and it is now over a year; and a few weeks ago told me in great glee that she could go out in all weathers with impunity. I consider it a *bona fide* cure. You will of course ask the dose. I gave the only potency in the office then (I should have given lower if I had had it) the 1,000th, prepared by Dr. Fincke, of Brooklyn, which potency of gelseminum I will swear to.

In passing to the consideration of the *drug pathology* of the nasal passages proper, I will refer to the abnormal growths within the nose, particularly warts or polypi; they may be hypertrophied states of certain portions of the mucous membrane and the submucous tissue, or may be true adventitious growths, fibroid most commonly, in either case they may occur singly or in great numbers, and produce more or less stoppage of the nasal

passages. Teucrium mar. ver. has been and is considered almost a specific for the removal of these polypi, and many authentic cases are reported.

A remarkable case was reported in the *Allg. Hom. Zeit.* by Dr. Bojanus, of Moscow, in which the nostrils were entirely filled with large and small polypi, surgical removal had only increased the difficulty; after the use of natr. mur. they all came away spontaneously, and the nostrils remained clear.*

In the American Homœopathic Review for January, 1864, in an article on "The Question of the Dose," by Dr. Dunham, is quoted a case of a lady of 55, who suffered from a large polypus in the left nostril; various remedies had been given without effect; an operation was proposed, but one physician consulted, thought that a cure by internal remedies would be much more permanent, and having seen striking effects from calcarea carb. wished to try it. The second trituration was given for four weeks with an intermission of four weeks, with no result The first trituration was then prescribed; after fourteen days the polypus seemed to be a trifle smaller, but an intermission of four weeks was followed by return of the tumor to its former size; at last the officinal lime water was given in milk, a teaspoonful twice daily; amelioration followed the first dose; in four weeks there was no trace of the polypus and the patient remained well.

We come now to the consideration of the pathological conditions of the nasal passages, commonly induced by inflammation acute or chronic, and characterized by the terms coryza, catarrh, ozæna, etc. The inflammation may be: 1st, croupous, witness ordinary coryzas; 2d, diphtheritic, extension from the pharynx; 3d, scrofulous, hereditary and other catarrhs complicated with or showing a tendency to the production of tuberculosis pulmonalis, and 4th, syphilitic. I shall not stop here to treat of these separately, but pass on to the second division, drug pathology—and first the aconite pathology.

The action of aconite is ephemeral. It produces, locally, congestion of the schneiderian membrane with heat and dryness of the nostrils; but curative as it is in this stage, it is still more so in the inceptive period, when, especially if the coryza is to be a severe one, there will be great chilliness with other aconite symptoms. The greatest results from aconite are always obtained in the chilly stage, but we are seldom called upon to prescribe for this incipient coryza outside of our own families, where we often have the opportunity to ward off a severe coryza by the timely dose of aconite. This aconite congestion may resolve itself by hemorrhage, or pass on into one or more forms of stopped or fluent coryza.

Having mentioned the word hemorrhage, I will interpolate a few words on that subject.

We find epistaxis from ant. crud., bell., brom., calc. carb., croc., dulc., graph., hyos., kali bi., merc, millefolium, nit. acid, puls., rhus. and sabina especially. Epistaxis, of bright blood, millefolium, bell., sab., dulc., hyos. and bry., especially. Of dark blood, particularly croc. and nux vom. O clotted blood, particularly plat., rhus. and cham.

---

* In this connection it is an interesting fact that several cases of distressing nasal polypus, so situated that extirpation was impracticable, have been cured by a long sea voyage.—Eds. Hom. Rev.

Millefolium deserves to take the lead as a remedy for a vast number of nose bleeds; the blood is light colored and thin, copious, and the absence of concomitant symptoms serves to lead us to its selection for this, as well other hemorrhages from mucous surface, (e. g. menorrhagia) instead of

Sabina, which also has a bright red hemorrhage, but particularly the menstrual flow, in connection with tearing pains in the joints.

Bryonia has epistaxis for several successive days, especially in the morning after rising. Now this is significant, and in connection with other symptoms proves it to be of great value in vicarious menstruation, fully confirmed by experience.

Crocus has discharge of black and viscid blood, with cold sweat standing in big drops on the forehead.

Agaricus; blood is blown from the nose in the morning on rising, followed by profuse bleeding.

Ant. crud.; epistaxis frequent in the evening on blowing the nose.

Argentum; tingling and itching followed by bleeding; copious bleeding on blowing the nose.

Arsenic.—Copious bleeding from the nose, from being in a passion; also after vomiting.

Actæa sp—Hæmorrhage during oppression of the chest.

Baryta carb.—Bright red epistaxis several times a day; bloody discharge on blowing the nose.

Berberis.—A few drops of blood fall in the morning preceded by pushing pain in the temple extending towards the eye.

Borax.—After itching in the nose, blood comes on blowing. Epistaxis in the morning, and a night-throbbing headache.

Bromium.—Painful swelling in the lamella, afterward in the ala, followed by formation of crusts. The parts bleed on being wiped. Epistaxis preceded by oppression of the chest.

Carbo an.—Epistaxis in the morning preceded by vertigo. Epistaxis preceded by an aching and stupid feeling in the head. Epistaxis in the morning on sitting; the blood bright red.

Carbo veg.—Violent hæmorrhage in the morning, immediately followed by pain in the chest. Violent hæmorrhage several times daily for three weeks preceded and followed by a pale face.

Coffea.—Epistaxis with ill humor and muddiness of the head.

Crotalus.—Epistaxis with vertigo (so also lachesis.)

Graphites.—Epistaxis at ten P. M., preceded in the afternoon by rush of blood to the head and heat of the face.

Hepar sulph. Epistaxis after singing.

Iodium.—Epistaxis preceded by disgusting dreams and nightmare.

Indigo.—Epistaxis in the afternoon with vanishing of sight.

Kali bichrom.—Epistaxis preceded by burning in the right nostril and sneezing; also preceded by a sense of obstruction and heat of the expired air. Epistaxis followed suddenly by coryza. Epistaxis after eating; after exercise.

Lachesis—Epistaxis with vertigo and rush of blood to the head.

Mercurius.—Epistaxis at night; epistaxis when asleep; epistaxis from coughing; epistaxis on blowing the nose.

Natr. mur.—Epistaxis at night on coughing, with a bruised feeling in all the limbs.

Phosphorus.—Copious epistaxis while at stool in the evening. Epistaxis with a sensation of dryness in the nose, with a yellow discharge.

Lycopodium.—Epistaxis twice a day. Profuse bleeding from a small wound in the nose.

Silicea.—Epistaxis in drops on stooping.

Sulphur.—Epistaxis in the afternoon, followed by soreness of the nose to touch.

Thuja.—Epistaxis every two days. Epistaxis when over-heated.

In presenting you the drug pathology of the nasal passages, I shall follow a certain system according to the relations of the drug actions to each other, and to head the list present that potent drug lycopodium; it produces much sneezing through the day; at night the nose is completely stopped with dryness of the nose and burning headache. The nose is swollen; the patient cannot breathe through it; he has to keep his mouth open; the burning headache becomes so severe that he must keep the eyes shut. After a day or two or more, the inflammation may extend down into the bronchi where the lycopodium cough is developed loose, with much expectoration; the coryza may then become somewhat fluent. I am inclined to think that the closure of the nostrils by lycopodium is not at first, if at all, owing to the presence of lymph; I think the mucous membrane is enormously congested and dry; that only a scanty thick secretion is at first the result. It will be often found in practice to be of the greatest value, and in frequency of prescription only equalled by nux vom. and pulsatilla. On the one hand, allied to aconite; on the other, to nux vom.; but before nux vom. comes dulcamara, producing a stuffed coryza, which is exceedingly aggravated in the open air and followed by a loose cough.

Nux vom. produces a catarrh, which is at times stuffed, then fluent, then stuffed again; the nose will be completely closed by thick, tenacious mucus, it will seem dry, but in a little time it will suddenly loosen and discharge copiously a moment or two, and then close up again; all this accompanied by a dull, confused headache in the forehead just over the nose. It feels as if a mass of cotton were there. The discharge may cause some redness of the nose, and this condition is very likely to pass into the coryza of

Mercurius, which is characterized by a profuse discharge of thin or watery matter; the edges of the nose and the upper lip become very red and sore, but without excoriation. This form of coryza comes on with much sneezing; the nose is red and swollen, especially the left side; the patients are using the handkerchief constantly, to which they attribute the redness of the upper lip and edges of the nose. In mercurial affections of long standing the bones of the nose become sore to the touch, the nose is swollen; bad looking pimples break out on the nose. It is allied to aurum, kali bichrom. and nit. acid, in connection with which group it will be again noticed. Taking another step we find

Arsenicum, which produces a slimy discharge that seems to burn its way over the skin of the upper lip; the discharge is very biting and burning. This coryza commences with great dryness in the nostrils, with excessive

burning, which burning continues after the discharge appears and is quite characteristic of arsenic. Closely allied to this is

Senega, whose action on the nasal passage is quite characteristic. The coryza commences with the feeling as if red pepper were throughout the nostrils and even throat, with excessive dryness and sneezing. This condition extends itself into the bronchi, producing a most distressing and obstinate cough. A lady was subject to attacks very like this, coming on with the feeling of red pepper in the air passages, and followed in twenty-four hours by a distressing cough, which proved to many allopathic as well as homœopathic physicians very obstinate. Senega not only arrested the course of this catarrh at once, but from its repeated use the attacks became less and less frequent and severe, and finally ceased altogether. Another member of this group, closely allied to arsenicum, and which will be called for in nearly as many cases is

Allium cepa (the onion). It produces a most violent catarrh with profuse discharge of water from the nose and eyes. Singularly enough that from the nose is burning and excoriating, that from the eyes not so; in direct contrast is euphrasia (that wonderful eye brightener), which has very acrid lachrymation, but bland nasal discharge. These discharges of allium cepa are accompanied by a terrible laryngeal cough, which compels the patient to grasp the larynx with his hand, for it seems to him that the cough would tear it as if a hook were in there which pulled and dragged every time he coughed. He shrinks and dreads the cough. These are not rare cases and demand prompt action. Instead, then, of applying chloroform liniament, or giving laudanum and squills, or wrapping the neck up in an onion poultice, give a proper preparation of the onion and the work is done. *It will not fail.*

Pulsatilla.—Constant tickling irritation to sneeze, especially at evening in sleep or in morning while in bed; stoppage of the nose at night on going to sleep; in the morning discharge of thick, yellow opaque mucus; coryza with loss of smell and taste; stopped coryza with ulcerated nostrils; chronic coryza, with discharges of yellowish green, offensive mucus; discharge of green, offensive matter from the nose; an ulcerated condition of the nostrils.

The acute coryza of pulsatilla follows the aconite stage immediately (as indeed nux vomica or mercurius coryzas may); it is marked by frequent sneezing and profuse discharge of thickish matter, which is perfectly bland and only annoying by its great quantity; it may become dried on the nostrils and give rise to stoppage of the nose; this coryza is of daily occurrence, especially among children.

The *chamomilla* coryza has some distinctive points, though pulsatilla and chamomilla are given indiscriminately for snuffles. The coryza of chamomilla is not so marked by profuseness, nor has it the excessive sneezing of pulsatilla. The nose is stopped, and, as a result, prominently calling chamomilla to mind, is the great uneasiness and fretfulness of the child; then the child is also apt to have the hoarseness and catarrhal chamomilla cough. Pulsatilla seems to have a chronic coryza; of course it may have, but the same pulsatilla condition may exist in the nose that exists in the ears, eyes, etc.,

a superficial inflammation attended by profuse bland discharges; mercurius discharges excoriate. Arsenicum corrode.

Case of Chronic Pharyngites cured with Phytolacca decandra.—Patient a man aged 45, had had chronic follicular pharyngitis for several years. No remedies had done him much good.

Symptoms, physical: Membrane lining fauces and pharynx, as well as the velum pendulum and the uvula, pale, puffed and flabby. Uvula large, almost translucent.

Rational: Distressing sensation of enlargement of the calibre of the pharynx and œsophagus from the choanæ to the epigastrium. This symptom much aggravated by exposure to damp winds. It then begins at the choanæ, and in twelve hours extends to the epigastrium. On reaching this point it provokes a cough, paroxysmal, extremely distressing, and attended by very profuse and exhausting expectoration of thick, starch-like mucus. The whole chest then feels like a big, empty cask, as if its calibre were enlarged tenfold.

Great constitutional debility along with these attacks. The patient, who is intolerant of stimulants, can take whisky to any extent and with great temporary relief.

Phyt. dec.^{c} a dose every other night for a month, cured this condition.

I would now call attention to other drugs whose action seems more profound and lasting, so to speak—the chronic drugs—which nevertheless are as suitable for the cure of certain acute forms of disease, as lycopodium, mercurius, arsen., and no more applicable in chronic forms than these or others; indeed the line is nowhere to be drawn. Silicea may cure an acute form of disease as well as belladonna a chronic form. Nor further, can we anywhere draw the line through the materia medica, and say that on this side of it remedies may be used for the cure of catarrhs (or any local manifestations of disease), on that side no drug will cure them. In presenting the action of certain selected drugs on the nasal passages, I have selected those only whose *nasal* symptoms were strongest marked.

To attempt to detail the symptoms of all the drugs that cure catarrhs, I should have to read the materia medica from beginning to end; not only read the nasal symptoms of each drug, but detail the peculiarities of each, noting all accessory symptoms; for if a patient presents himself to us, asking to be cured of the *catarrh*, he makes a great mistake; he wants to be cured as a *patient*, and we are bound to cure him as such. If he speedily dies of consumption, the catarrh disappearing, we have lost the patient even though the catarrh be cured.

Further, the local catarrhal manifestations are of the least importance in finding our remedies. Six patients may any day come to us with organic changes in the nasal passages; the extent of change may be equally great, and yet six different remedies will have to be given. The treatment must, in the highest sense of the word, be constitutional. The treatment in the old school to-day for catarrh, acknowledged best, is general constitutional treatment.

There is another point in this connection. How should we treat catarrh with a materia medica constructed on a pathological basis? This and that, and a hundred drugs are called "good" for nasal catarrh, and its subdivi-

sions into ozænas, syphilitic catarrhs ; very applicable in scrofulous subjects; we should be at sea, we could only make a guess; further, a proving may have been made, giving no catarrhal symptoms, and six others may prove the same drug with more sensitive noses and give us a host of catarrhal symptoms. So as I have said, a drug without a symptom under the rubric nose may yet cure a catarrh ; and to enlarge our knowledge, let every one keep an accurate record of all his cases, and if any drug removes certain groups of symptoms not down in the materia medica, by virtue of its general fitness to the case, let the world have the record, and what an advantage when we do such a thing, to know that this or that remedy did do it, and not go home wondering which of the half a dozen it was. Let our young practitioners begin with a broad liberal field, be careful, look on all sides, and striking, hit the point. It is hardly safe for even an old man to generalize.

There is quite a large group of remedies that show a marked tendency to affect the deep tissues of the nose, the cartilages and bones. In some the action is unmistakable, in others only inferred from the proving, but confirmed by experience ; these I propose to consider first, and as a type take

Aurum, which may also be called for in catarrhs not yet involving the bones. We find the nose swollen, red, inflamed, sore to the touch, especially the right nasal bone and adjoining parts of the upper jaw are sore to the touch; there is a discharge of greenish yellow, offensive matter. The stinging biting pains in the bones are aggravated at night ; jerking pain in the septum from above downwards ; pains in the nose in the sunlight ; pains accompanied by flow of tears ; the nostrils are ulcerated, crusty, agglutinated, so as to impede respiration. Ulcers in the right nostril, covered with dry yellow crusts without pain.

We know the pains of syphilis are at night, and we may be safe in saying and practice shows that aurum is useful in syphilitic ozæna and caries as in other catarrhs.

Asafœtida has intermitting tearing pains from within outward in the bones of the nose, with a greenish offensive discharge. Experience has fully shown the utility of asafœtida in promptly alleviating such pains in the bones, also aggravated at night ; it is an exceedingly useful remedy in all affections of the bones. Nearly allied is

Belladonna which has pressive pain in the nasal bones, worse at night and on touch ; pain as if beaten from external pressure in the nose above the alæ ; the left nostrils very painful and agglutinated, mornings ; the upper lip is swollen, the nostrils and corners of the mouth are ulcerated, but neither itch nor pain ; offensive smell in the nose as of herring brine on blowing it.

Hepar sulph. has sore pain in the dorsum; bones are sore to the touch; heat and burning in the nose; ulcerative pain in the nostrils; drawing pain in the nose passing into the eyes, becoming a smarting there; pain lasts far into the night; pains are drawing or burning.

Mercurius we have already considered; the bones are very sore to the touch; the septum is swollen and chapped, etc., etc.

Natrum mur.—Burning pains in the nasal bones; especially at the root

of the nose and in the region of the malar bones. Redness, heat, and swelling of the left side of the nose, with sore pain especially on blowing the nose; burning in the nose; internal soreness; soreness and swelling of the inside of the nasal wings; many pimples thereon; loss of sensibility, with a feeling of deadness of the inner parts of the nose; many small burning pimples under the septum, with the sensation as if acrid matter flowed from the nose; severe fluent coryza, with complete loss of smell and taste. The symptoms of this valuable drug in relation to lachrymal fistula were previously stated.

Natrum carb.—Peeling of dorsum and tip, which is painful to the touch; pains in the bones of the face—worse in the open air; sensation in the left nostril as if a hard body stuck there, which is not brought away by blowing the nose; ulceration of the upper portion of the nostrils.

Silicea.—Stitches, tearings, and crawlings in the nose, drawing into the right malar bone; itching; sore pain in the forehead, back of the bridge; throbbing in the nasal fossæ as if festering, radiating into the brain and causing frontal headache; the tip of the nose sensitive to pressure; sore spots on the septum; sore scurfy spots deep in the nostrils and under the alæ, which are sore to the touch; much discharge of acrid water from the nose, which makes the inner nose sore and bleeding, with a smell of blood as of recently killed animals. Great dryness in the choanæ; the food goes into the choanæ; the patient is never free from catarrh, with an acute attack; there will be swelling of the submaxillary glands; pain in the throat on swallowing; great chilliness; he must lie down, but when in bed a burning heat over the whole body; the pains are shooting, tearing, or drawing.

Sulphur.—Boring in the root of the nose; pressure on the right nasal bone; dryness of the inner nose; nostrils red and burning; nose inflamed and swollen, internally ulcerated and painful; cartilages inflamed and swollen; sense of congestion in the nose in the open air; yellow, sticky, strong-smelling fluid drops from the nose; offensive smell of the nasal discharge.

Zincum.—Pressure on the root of the nose as if it would be pressed into the head; almost intolerable beating at the root of the nose with confusion of the head; with stitches in the jaw and drawing into the eye; drawing and tearing in the right nostril; sore feeling high up in the nostril; tearing in the right side of the nose. Near to silicea is, I think,

Nitric acid.—The malar bones become sore and painful; stitches in the nose as of a splinter on touching it; soreness and bleeding of the inner nose; nostrils are ulcerated; blood and bloody matter is blown out of them; unpleasant smell evenings on lying down. On eating, pieces of food get into the choanæ, producing a sickening sensation; they are afterwards drawn out covered with mucus; nasal mucus goes down into the throat with inflamed and swollen alæ; acrid matter from the nose at night; blows yellow matter from the nose of a sickening smell; discharge of thick nasal mucus corroding the nostrils; severe catarrh with swelling of the upper lips, and especially night cough; stuffed catarrh with dryness in the throat on empty swallowing. This is a very potent remedy for syphilitic catarrhs

of the nose and throat. I have derived more real satisfaction in seeing the prompt and lasting effects of this drug not only in syphilitic catarrhs, but lichen, ulcers, glandular affections, falling of hair, etc., etc., than from any other remedy. I think it is oftener indicated than any other, especially before the bones become much affected. I have occasion to use it every day in dispensary practice, and invariably the report is great improvement. Next comes

Argentum nit. Pain and swelling of right alæ; the left nasal bones are painful; bleeding pimples on the septum; violent itching in the nose, compelling rubbing till it looked raw; ulcers in the nose with yellow scabs; scurfs in the nose becoming exceedingly painful, if detached they bleed; bloody and purulent discharge in the open air; stopped in the house and at night, smell of pus at night; catarrh with constant chilliness, sickly look, lachrymation, sneezing and such a violent stupefying headache that she must lie down. Aching pain in the forehead going into the eyes. It seems to me to be nearly allied to thuja and phosphorus, they all have swelling and painfulness of the alæ. Thuja states swelling and hardness of the left ala. Argentum nit. of the right. Argent. nit. sore pains, bruised pain of one side of the bridge of the nose; pressure like a stone on the dorsum; stiffness and clawing in the fossæ. Phosphorus has severe pains in the forenoon. Thuja the peculiar pain drawing between the nose and mouth as if the periosteum were tightly stretched; the pain then spreads over the nasal bones as if a saddle were across it. The catarrh of phosphorus, like that of argentum nit., is attended with much headache and general sick feeling, there is a dry feeling in the nose as if it would be stuck together. I do not think the action of phosphorus so extensive, organically speaking, as the nitrate of silver, it does not affect the bones as phosphoric acid does, though the action of phosphoric acid on the nasal bones must be inferred to a certain extent. We all know its extent on the superior maxillary bone, it probably would involve those of the nose by extension.

The number of *nitrate of silver* catarrhs is not large, and the employment of it as a caustic, so much in vogue in the old school, is pernicious in the extreme; destroying the tissues of the nose that they cannot be inflamed or diseased, is as sensible as amputation for rheumatism or circumcision for syphilis. I have no doubt it sometimes cures and generally suppresses catarrh. Only a few weeks ago a gentleman called for medicine for his wife. Knowing he had been under homœopathic treatment for a catarrh of long standing, I asked him how he got along. "Oh, finely, but your little doses wont do, they are too slow for my case; they are the thing for my wife, but they did'nt do up my catarrh. I went to an allopathic doctor and have had two injections of nitrate of silver, pretty severe, but my catarrh is most well." I congratulated him and thought that if that old catarrh was being so suddenly stopped, such speedy *cures* are impossible, he would have trouble. Not long after he returned to the slow method; he had become frightened; for after three or four applications, he began to grow deaf. There is not one here but has noted the production of tubercles in the lungs following the suppression of nasal or laryngeal catarrh, the treatment drives it down out of reach as well as the patient. Intelli-

gent persons are learning that it is dangerous to suppress hæmorrhoids, scrofulous glandular swellings, etc., etc. They are finding out the same thing as regards catarrhs, and in fact all local manifestations. We must keep in advance of our patients.

To finish this group we have those potent remedies, the bichromate and hydriodate of potash, especially the kali bichromicum.

Aching pain at the root of the nose with an acrid discharge; pain across the bridge with stuffed nostrils; pain especially at the junction of the cartilage and bone; ulceration of the cartilage quite through, with great soreness; ulceration of the frontal sinuses with violent headache at the root of the nose and in the frontal prominences, if the discharge stops. On blowing the nose, sensation as if two bones rubbed together; sensation as if the nostrils were made of parchment; a spot in the right lachrymal bone is swollen and inflamed; internal ulceration with thin watery discharge, or collection of elastic plugs, which cause great pain in removal and leave the nose very sore. Watery discharge with redness of the nose and putrid smell; nose often painful and dry or a watery discharge, excoriating the nose and upper lip with sore and swollen alæ; fetid smell and complete loss of smell, etc. It produces deep and extensive ulceration; the process carried on mostly in the cartilages, hardly producing caries of the bones. It is almost a specific for perforating ulcers of the septum and many cases of cures are on record. This deep ulcerative process seems to extend throughout the whole mucous tract. Similar to this is

Kali hydrodicum. Ulceration of internal nose, involving the frontal sinuses and antrum highmori; the nose is red and swollen with constant discharge of acrid watery colorless liquid, with violent lachrymation; anxious expression and restlessness; discharge of burning corroding matter from the nose; the inflammation extends into the eyes; there is much conjunctivities; painful hammering in the frontal region with compressed feeling of both sides of the brain. The action of the hydriodate is more intense, more superficial, not so deep as the bichromate; more applicable I should judge, in the acute manifestations of scrofulous catarrhs or indeed any catarrh.

There are many other drugs that more or less affect the deeper tissues of the nose, especially the bones and very many that may be called for in practice from the relation of their symptoms to forms of this disease. It is impossible to draw a line, but following close unto this is a group which I will commence with.

Sepia. Pressive pains in the root of the nose; sore feeling in the nose on drawing the air through; nose swollen and inflamed; the nostrils angry and ulcerated; small ulcers in the nostrils; scurfy nostrils; a piece of yellowish green slime with bloody edges is blown out of the nose; discharge of yellow water from the nose, with cutting pains in the forehead; dryness in the nose and throat; dryness in the choanæ (though there is much mucus in the mouth) with involuntary urging to swallow; a severe fluent coryza with severe pains in the occiput and painful drawings in the hips and thighs. It may be said in a general way that Sepia is often applicable for catarrhs arising from retrocession of an eruption I note a few cases.

A severe catarrh came on after the disappearance of an eruption from

the crown of the head, it lasted over a year. Phosphorus began the cure, but it required Sepia to complete it (what a pity more definite symptoms were not given). After washing the head in cold water (after having been heated), a throbbing pain in the forehead; then thin offensive discharge from the left nostril; scabs like small-pox formed in the nostrils which were very offensive. Patient relieved by Belladonna but cured by Sepia. A case was reported with this which, though having no connection with Sepia, I will relate. Inflammation and suppuration of frontal sinuses and antrum highmori, with throbbing splitting pains in the nose and forehead; was not relieved by iodide of potash nor aurum, somewhat relieved or modified by arsen., leaving a thick citron yellow discharge. Speedily cured by lycopodium, which produced a red sandy deposit in the urine.

Ammonium mur. Ulcerative pain in the left nostril, with sensitiveness to external touch, frequently recurring; external swelling of the left side of the nose, with discharge of bloody crusts from the nose; persistent itching in the nose with irritation to snuffing, and feeling as if a raw large body stuck in the upper part of the nose; stoppage of the nose, with pain in the right nostril at night, and disappearing in the morning. Stoppage of only one nostril, from which much thick yellow matter comes, with tearing in the cheek bones and teeth of the left side; clear acrid matter runs from the nose; pains worse at night.

Alumina. Nostrils are sore and scurfy, with profuse discharge of much thick mucus; ulceration of the mucous membrane with pain in the alæ and frontal sinuses; nose is red, swollen and painful to the touch; the nose is stopped at night, with dryness of the mouth; disposes to frequent coryzas, found very serviceable in scrofulous subjects. The pains are burning, stinging and biting, occurring mostly in the evening and on one side.

Antimonium crud.—The nose is sore and painful, especially on drawing in the cold air, and on the right side dryness of the nose on going into the open air, so severe that he can scarce speak; must continually draw thick yellow mucus back into the throat and spit it out; the nostrils are angry, sore, puffy, crusty and painful.

Borax ver.—Dry crusts continually form within the nose, a discharge of thick green mucus; ulceration of the left nostril, with soreness and swelling of the tip; epistaxis in the morning, and at night throbbing headache.

Graphites, a very valuable remedy. Nose feels sore on blowing; blowing bloody mucus out of the nose; catarrh, with obstruction of the nose; heat in the forehead and face; oppression of the chest; numbness of the head and heat in the nose, with loss of smell; severe stuffed catarrh, with much nausea and headache, without vomiting; must lie down; fluent coryza, with frequent catarrh and frequent sneezing, with oppressive pains in the submaxillary glands; the exposed parts are sensitive to the air as if he would easily take cold; severe fluent coryza, with catarrh; much oppression of the chest; dull and hot head.

Magnesia mur.—Burning of both nostrils, as if sore; nose is sore internally and sore to the touch; scurf in both nostrils, which is very painful to touch, with loss of smell; an oppressive stuffed feeling of the nose; severe coryza, now stopped, now fluent, with confusion of the head and

complete loss of smell and taste. Discharge of offensive purulent yellow matter; must sit up in bed a long time; evenings cannot lie down for want of air.

Calcarea carb.—The forepart of the nose is red, inflamed and swollen; the nose is dry, very offensive; the nostrils are scurfy and ulcerated; catarrh, with internal heat of the head and with headache and oppression of the chest. Allied to graphites, also,

Conium.—Boring in the nostrils; smell of animals in the back part of the nose; heat of face; congestion to the head, with catarrhal sensation; severe catarrhal fever, with inflammation of throat and loss of appetite.

Carbo veg.—In connection with the upper portion of the pharynx, its field of operation is similar to nitric acid, though not so extensive in its organic changes.

Stannum has a catarrh, with a sweet taste to the discharge; its clinical record is quite large. I believe its pathogenesis not satisfactory in its local manifestations, though marked in general peculiarities.

Lachesis, Bromium and *Ammonium carb.* affect the nose in a way that reminds us of the nasal aspect of diphtheria. The nose is raw; bleeds easily; acrid bloody discharges on blowing the nose.

Ammonium carb.—Discharges more in one nostril, mostly morning, watery, with sensitive swelling and burning pain of the upper lip, aggravated during menstruation.

Bromium.—The nose feels as if all the hair had been pulled out; edges very sore.

Lachesis.—With running from the nose and eyes; discharge of blood, with violent headache; dryness of nose and throat; secretion of mucus increased in the nose and fauces, but diminished in the larynx; complaints from retrocession of catarrhs; a fluent coryza relieves a headache of long standing, with lachrymation and stoppage of the ears, in many respects similar to hydriodate of potash.

In giving you these analyses, I know I am giving but little of practical value. There are many drugs whose local manifestations are not essentially different. Taking these symptoms alone, one will be often puzzled to know where to refer any case of catarrh. For the choice of the drug we must, as I said before, look outside of the local trouble in the patient as well as in the drug; the concomitant symptoms, the conditions of appearance, aggravation and amelioration, in fact everything that is peculiar to our case in hand; and the peculiar drug must be found, it exists somewhere, it may be in Japan or in the Rocky Mountains, it is very likely in our pocket case.

I am aware that there are many remedies used by professing homœopathic physicians in an empirical manner, of which no proving on the healthy subject exist. Some are fashionable this year, some were last. Undoubtedly they have their sphere of action—therein are they valuable—now we wish to know how a physician can know when to use them; those who are in the habit of doing so must have some guide, something in the phase of the disease that leads them to prescribe this or that drug in place of any proven drugs. They have found, by experience, that this new drug will cure certain specific conditions. Now I would urge it as a duty upon every

one who relates a case, or notices this or that drug, to tell what the indications are, why to give it in preference to other drugs. Of what avail is it to hear the relation of fifty catarrhs cured by fifty remedies, unless we shall know why they were cured. I must say that, as a young man searching after knowledge, I have found it very unsatisfactory to hear any one say that he has found this drug or that combination very serviceable in this or that disease. Is it to be supposed that if, the next day, I am called to prescribe for that disease I am going to give that remedy because he found it useful.

A certain drug has been known to cure catarrhs, let us, therefore, find out what kind of catarrhs it does cure and then we can use it. If we give it for a catarrh now to try it, make a note of the patient's state before giving it, and we may arrive at it perhaps, approximately, remembering that change in a disease is not always to be ascribed to the medicine—to reason from diseased conditions we need hundreds of cases—absolute knowledge of a drug from the healthy needs but comparatively few provers.

ARTICLE LXX.

Memorial of the late Abraham D. Wilson, A. M., M. D.* By JOHN F. GRAY, of New York.

AN ADDRESS BEFORE THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK, APRIL 10, 1865.

"Mihi amicorum defunctorum cogitatio dulcis ac blanda est; habui enim illos, tanquam amissurus; amisi, tanquam habeam."

Mr. President and Gentlemen of the Society:

Two years ago to-night, at the request of the societies of New York and Brooklyn, I had the honor to recite to you the unpublished details of the first epoch of homœopathy in America. It began with the advent of Dr. Gram in 1826, during which year he printed and distributed his own correct but infelicitous translation of Hahnemann's Spirit of the Homœopathic System of Medicine; and it ended with the appearance of the English versions of the Organon and Jahr's Manual of the Materia Medica, which, revised somewhat, were at Allentown and here reprinted by Hering and Hull, about 1837 to 1841.

As during this period of twelve years in which homœopathy could only be studied and tested by German physicians, or by Americans of unusual culture, and as it had been my happiness to know Dr. Gram the first pioneer, and each of his colleagues very intimately, and also Dr. Hering and his German associates from the time of their arrival in North America, it gave me profound satisfaction to comply with your request, and from memory to review the good traits and characteristic works of such of the founders of our school in this city and its environs as had passed away from our companionship in homœopathy forever.

At our former festal celebration of this ever memorable day, Gram, Channing, Hull and Curtis, diligent students of our great art, faithful and intrepid disciples and followers of truth in all ways and directions, came in

* A likeness of Dr. Wilson is published as a frontispiece to this volume.

response to our invocation to pass their review in our midst, and to impress the peculiar but ever potent word of each one's character and life work upon each of us, their survivors and sometime companions. Let us not obliterate the good legend from either of their signets—*ad huc stat.*

On that pleasant occasion we were prevented by an imperative professional engagement from enjoying the presence and listening to the confirmatory testimony of the only one of our number who could aid my recollection of the men and events of that epoch; but before the annals went to press I submitted them to his revision, and they received his most earnest approval and full endorsement. And now again I come, my worthy associates and friends, at your command, the last you can possibly feel it necessary to lay upon me, to aid you with the details and elements of that brave, good man's own career, which belong to the time before you had the happiness to know him, and to join you in paying the tribute which truth and love, that is to say justice, demands at our hands to the memory of our friend and much loved brother, Abraham D. Wilson.

If to be constantly aware of the health and prosperity of our friends be one of the mainsprings of our content and enjoyment in this lower life, so chequered with inevitable molestation and trials, and if to part company with them by death be an irretrievable loss from these, the choicest stores of earth, it is, nevertheless, fit that we temper our mourning sorrows and compensate, at least in some part, our irreparable privations, not only by recalling their kindness to us and others around their pathway, but also by so imbuing ourselves with their virtues of life, as ever at the beck of memory to feel their moral portraits, and thus to possess without loss their true and eternal presence in our own highest and best nature. This resource, given to each of us, His children, by the all good Father, is certainly of growing efficacy as His ceaseless time bears us on toward the grave, and His holy providence surrounds us with this class of clouds which must ever multiply and thicken as we approach its portals. Our friend's physical form is with us no longer; it has gone forevermore to mingle in new and other combinations with the elements from which his plastic life power gathered it; but that sacred life, with the peculiar flowers of love and of wisdom, which it bore through the earth form it created, may be with us still, if we do but truly deserve its presence; for God gives us this remedy for mourning the departure of the good companion, that by living his life in ours, and by reincarnating his virtues, we may have him with us again; and that more and more perfectly, from day to day, from stage to stage in our advances toward him, till, by our own death birth, we re-establish, in the better life, the companionship of uses with him, which he began with us here, and in which he awaits our coming.

Let us then, dear friends, review the career of our risen, elder colleague, with reference to the founding and extension of homœopathy in this city; for this is not only his peculiar and characteristic relation with us and with this society, incorporated by the State for the effecting of our common purpose, but his conduct and work in it, his sacrifice for truth's sake, or what he deemed such, form an imperishable test and measure of his activity and constitution as an immortal, as a member of that great brotherhood toward which we are tending, and in which we are to take our place, near or re-

mote, from time to time, as our lives and purposes square with or deviate from his. We would utter no prattle of childish panegyric, but, in paying our grateful tribute to Wilson's character, strive mainly after a full recognition of the ways of Providence in the amelioration of the art of healing, by which our age and this our noble country have in some appreciable degree been released from harsh and devastating errors in its practice. With this view always before us, it is our pleasant duty to look sharply into the record of each man who stood intrepidly in his place in the opening conflict with entrenched wrong, and fairly met the sacrifice and the obloquy which that conflict initiated and entailed upon him. Hereby, in our little measure, we encourage the future while doing justice to the past, and thus facilitate the immanence of more divine principles and more auspicious ways, not only in medicine but in every other element of human advancement and civilization.

Wilson was already a conspicuous practitioner of medicine when he adopted homœopathy. This change took place in 1829, the eighth year after his graduation from the College of Physicians and Surgeons, and the twelfth after receiving his baccalaureate in Columbia college. His social status and professional standing were such as to make a strong sensation respecting the new practice in a wide circle of the community at the time. His father, an eminent Scottish scholar, was professor of the Greek and Latin languages in Columbia college, at the time of his birth and for many years after. His brother, the late George Wilson, an accomplished counsellor at law in the city, who was twenty years his senior, and therefore was able to aid him socially, took unwearied pains in his behalf. Moreover, this brother, as Wilson told me, not long before his own death, earnestly interested himself after their venerable father's departure, in his culture in ancient and modern literature and philosophy. Whatsoever the elder brother could accomplish for him in society and in aid of his professional career was certainly effected with gratifying success.

Dr. Wilson had also the great advantages in that day resulting from the personal friendship and patronage of his illustrious preceptor in medicine, the late Dr. David Hosack, in whose private classes he was a diligent pupil throughout. Dr. Hosack had himself received his classical training in his early life, from Wilson's father, to whose memory he was most gratefully attached; and thus it can be imagined how readily this young man's studious qualities were appreciated and his aspirations in the outset of life fostered by his powerful preceptor. And that Wilson was a keen and prompt student under Hosack, accepting and using all the advantages afforded by his great master's private and public lectures and by the great clinique of the New York hospital in which Hosack took the leading position, was abundantly demonstrated by him when, in the capacity of a censor in the county society, he officiated as examiner of candidates for the diploma of that body.

Moreover, gentlemen, those of you who had the happiness to meet him in council, or in autopsies, or better still in the intimacy of private friendship, can fully confirm my testimony. Dr. Wilson took his doctor's degree in 1822 and very soon settled into his professional work, taking up his

residence in Walker street, where he remained until a very recent date, and where most of us formed our happy acquaintance with him. In his early manhood, he connected himself with the masonic fraternity, a circumstance which seems to have greatly increased the circle of his personal friends. Such was the esteem in which that honorable society held him, that, on the occasion of his demise, a lodge of mourning for him was convened in Dodworth Hall, in which a eulogy was pronounced and afterwards printed by his lodge in commemoration of his meritorious relations with that order, and with the society; the only instance of the kind that has ever come under my notice. Besides the proofs cited of Wilson's strong social position, I beg to recall to your memories the impressive scene at the church edifice where his obsequies occurred. We all witnessed with grateful emotion the deep earnestness with which the clergy and the immense concourse of citizens testified by worshiping rites and by most touching panegyric, to Dr. Wilson's manifold worth of professional and private character among the people of that his hereditary denomination of christians.

With these his advantages of education which he nowise neglected in his youth, and this his social felicity of position, greatly enhanced by an early and happy marriage, Wilson made the acquaintance of Gram and myself and encountered the great new problem of his life-work, homœopathy. After a patient study of its principles and a protracted trial of its art-maxims at the bedside, during all of which study and trial he refrained from expressing a judgment, he decided the question firmly and fully for himself and for all his future patients, in the affirmative; and thenceforward he openly avowed his adhesion to the doctrine and discipline of Hahnemann. Wilson came into our circle with all his stores of sound culture and with all his indomitable courage in defense of the right and true, or of whatsoever he so deemed; an accession of manly power, of moral force, which was most cheerfully welcomed by us at the time, and evermore thereafter cherished and venerated by us and all who came after us.

I have said that the avowal of his change of practice ensued upon a very mature and thorough examination of the questions involved in that change; and I may add that this was his method in all other philosophical and administrative problems. His powers of analysis were never embarrassed by the perturbations of his emotional nature. Though generous, even to a decided fault on some occasions, and full of sympathy at all times and in every fibre of his being, yet could he at all times set his reason to work in the precision and cool steadiness of mathematical logic; and thus it was his wont so to apply his happily dormant rational power to the largest questions of faith and of practice in ethics and theosophy as well as in ours of medicine. His characteristic lay in this rare peculiarity of constitution, one which belonged to the old time philosophers, that he could apply his consciously rational test-processes over all the lines sketched by his intuitions; and his merit as a man consisted in this ever rare quality: that he openly avowed and sustained whatsoever he found to be true by this his double process of investigation, pocolepsis, and demonstration.

Wilson took this great step, homœopathy, as said, with a deliberation and courage consonant with his training in letters and science and with his constitution as a man. He was no adventurer in the community, with nothing to lose by the change, and perhaps a gain to make by heralding a novelty in medicine. Nor was he, by any view of his constitution, an eager innovator, a reformer of popular mistakes; but rather, from his harmonic tendences (he loved music) and his cordial, social rapport with all the good-meaning people of his place and time, he was a conservative; was indulgent to harmless errors and indisposed to violent uprootings. Nevertheless, he went with his convictions of truth whensoever these were fully ripe in his soul; like the great apostle to the Gentiles, he consulted not with flesh and blood, when beneficent truth called for volunteers in her divine conflicts, wheresoever and howsoever to be fought!

Bitter were the pangs and sore the costs of this bold change for the accomplished and successful young Wilson. In less than two years after his adoption of the new method, that is to say, in 1831, when the birth of the last of his children had rendered the demands of family support strongest upon him, his change had already deprived him of all his family practice save one; of that goodly broad basis founded by his familiar associates among the Masons in the Dutch church, of which he was a cherished member, and from among his family adherents, including those of his brother, the Counsellor Wilson, only one stood by him, Mr. Thomas Dugan, sexton of St. George, who happened to be a mutual friend of Wilson and myself.

Wilson's first contribution to homœopathy was certainly a very heavy one. He brought to its altar, classical erudition, a felicitous condition in society, and a hopeful and rapidly growing status in his profession. His unusual advantages were, I must believe, diligently appropriated at Columbia College, where he was born and reared, from his earliest boyhood, among the students and professors, and admitted as early and often as he pleased to all their lectures, libraries, and exercises in the sciences and belles lettres, and ending with the resources of his most liberal and justly distinguished medical preceptor, Dr. Hosack. It was also my good fortune to pass the last two years of my professional studies in Dr. Hosack's office, joining his large private classes just after Wilson's graduation, and can testify, and with me our noble colleague, Dr. W. C. Palmer, also a successor to Wilson in Hosack's office, to the rigor of the old master's examinations and the inestimable value of his clinical precepts and instructions. Dr. A. E. Hosack, our surgeon, recollects Wilson's student days in his father's office, and speaks of his standing there and in the College of Physicians in very high terms. These advantages, so faithfully used, added to his excellent natural endowments for the exercise of our art, while they could not exempt him and his young family from the deep chagrin and hard privations inevitably connected with his change of practice, furnish you to-day with testimonials of his worth as a man and of his merit as a physician, which you will not fail to cherish and keep in ever bright remembrance as long as dignity of deportment and strength of character hold their rightful position in your hearts.

In the third year of this unwelcome trial of Wilson's fortitude, the Asia-

atic cholera made its first appearance here, and the success which attended our treatment of it brought to him and the rest of us some mitigation of our losses and sacrifices. Dr. Channing and many other old school physicians visited our office and met us in practice to witness our results. Very many of them added camphor (the least important and the least homœopathic to cholera of all our remedies) to their own compound prescriptions. Our status with the profession was, for a year or two, less acerb and troublesome, and we soon after began to receive scanty accessions of patients and families in place of the flocks that had left us.

Wilson's second contribution to homœopathy was as severe a test of his uprightness as the first was of his fortitude and perseverance under trial. He felt bound to give all the patients that came to him, after the afflux tide began, the fullest benefit of homœopathy; and to this end he brought them to Gram in every case of importance, and also in all other cases when his registration of symptoms did not enable Gram to find the remedy with satisfactory accuracy. Dr. A. Johnson, our good homœopathic dentist, was then a student of Dr. Gram in company with Curtis and Van Buren (now of Louisville, Ky.), and well remembers the daily and almost hourly consultation of Wilson and Channing with Gram in those days.

Wilson did not study German, and therefore could not hunt a remedy himself (except tentatively in the Latin fragmenta of Hahnemann.) But he would do his whole duty to his patients; and so his practice failed again, or, rather, grew very languidly indeed for four or five years more (that is to say, till we had the English version of the Materia Medica, such as it was, and, pity and shame to say, still is.) By this course of conduct on his part and mine (until I acquired the German), homœopathy gained many substantial adherents and a broad basis in this community, long before Wilson recovered his professional status, or retrieved his pecuniary losses; for Gram made many indisputable cures of chronic diseases by his truly Hahnemann faithfulness in recording the symptoms and his conscientious preparation and administration of the remedies. Such cures establish and extend our therapeutic method far more than all books, lectures, societies, and colleges. Hahnemann himself, powerful as was his logic, unanswerable as were all his first positions, and trenchant as were his early essays in their statement and support, founded his school of practice in the world mainly, I might say wholly, by *this class of cures*. Without real and durable cures, oft repeated by him and his early disciples, his Organon and Materia Medica would have slept forever on the same shelves that hold the elaborate works of Darwin and Fuller, of Broussais and Fordyce and Martyn Paine.

Our brave friend's third and last contribution to homœopathy was the steady devotion of the last thirty years of his grand life to the healing of the sick, the soothing of mourners, and the uplifting by sympathy, by wise counsel and material aid, all those whom Providence placed within his peculiar sphere of work and duty. He was not a writer in its literature, nor did he formally receive pupils for systematic instruction in the art; although, as those of you well know who saw him officiate as censor in the examination of candidates for the license, he had fine qualifications for writing and teaching.

His was the unostentatious propagandism by a skillful private practice, joined to a beneficent and ever active private life. It owed its starting force to the circumstance of his conversion having occurred, as I have said, from a prosperous position in the old school and at the very beginning of the movement in America, but its total and permanent value are to be sought for in the general welfare of our school in this metropolis and in the influences in its favor which flow from our dispensaries, societies, journals, and our college into other cities and States of the Republic.

Without Gram and Hull, Channing and Wilson, you could not have had the basis from which you suddenly developed from an unperceived squadron into a formidable army within the short space of two or three years after the publication of the text books of our school in our language. Among the great cities of the old world, and even of Germany itself, our system has nowhere such resources, influence, or numbers as it possesses here in New York. Without these men and their benefactive lives, and without the societies and movements inaugurated in the first or latent epoch here which in 1840, culminated in the appearance of the Homœopathic Examiner by Hull, and in the society, partly lay and partly professional, of which our Bryant was the last president, the later and apparently more efficacious means of your success could not have been in your hands. Thus, for instance, the American Institute of Homœopathy, founded in 1843, by my own personal efforts, the incorporation of county and State societies by the Legislature, and the founding of infirmaries and dispensaries, through the action of others among you, could not have occurred. Forget not your beginnings; honor your deceased predecessors; for they were and are worthy your respect, nay of your veneration! Our status is with and from the people, and they by hundreds, nay by many thousands, remember these skillful, good physicians and receive us with glad confidence on account of the cures they effected in their families a generation ago.

In my former discourse, I called your attention to the divergence of views respecting doses and dilutions which arose in our little band soon after the accession of Dr. Channing, that is to say, about thirty years ago. Channing adhered to the later and latest practice of Hahneman in this matter at all times and in all cases to the last; whilst the rest of us after trying the question faithfully in a sufficient number and range of diseases receded to Hahneman's first method, that is, to the doses recommended in the first and second editions of the Materia Medica. This difference in the school must, I think, last a long series of years I neither arrogate for myself nor claim for my dear departed associate either acumen or merit of any kind in the premises which I do not heartily recognize in Hering and the other many able and distinguished men of our school, whose observation and experience led them to conclusions and practice very widely deviating from mine and from those of a very large majority of American homœopathists. My maxim and rule of life, since the earliest hour of my hard experience with brother physicians in this whole question has been "*in certis unitas*; *in dubiis libertas*; *in omnibus caritas.*" Of the large number of students who have graduated from my office, several of whom I have the happiness to meet at this festive board to-night, each one will testify to

the entire freedom accorded to them on the question of doses, dilutions and repetitions.

Several of them, indeed, especially those who studied Hahneman in the German, left me believers in his posology and remained so for various periods of time. Of this class of my pupils I now recall Drs. Hull, Metcalf, Gilbert, and our present classical colleague, Dr. Quinn. Neither Gram, Wilson, nor myself ever denied the efficiency of highly attenuated drugs, nor were we justified by our school of personal discipline in deriding the sincere convictions of others on any topic, either in medicine, religion or political science, and accordingly, the gentlemen who favored higher attenuations than we considered it best for us to use in our practice, were ever as thoroughly and cordially recognized and consulted with by us as to choice of remedies as were those who agreed with us in regard to doses. There should be liberty to differ herein; for posology is by no means as yet a positive science; he who thinks he has philosophic certitude in it to-day, may find grounds of scepticism before to-morrow's sun rises. Our characteristic of an homœopathist lies, not in the dose, but altogether in this, that he affirms the maxim in therapeutics, *similia similibus curantur;* and that to enable us to find the needful analogy of likeness between drug power and diseased vital power, we must test the drugs for this purpose on the healthy.

We, moreover, expect him to deny the two fundamental assumptions of allopathy, namely: First, that it is possible to *cognize the essence of life,* and to found upon such cognition a scientific idea of diseased vital action; and second, that it is possible to *cognize drug power* in the same way, that is, by ontologic speculations, based upon their physical appearance or chemical properties As the whole of allopathy, excepting its empirical tradita alone worthy of attention, is founded on these transcendental bases, these two pure and mere assumptions, equally devoid of possible proofs, we can conceive of no one being at the same time an adherent of the two schools. There can be no eclecticism in the elements of these two systems; no middle course between a method in the art of healing, founded on purely scientific observation, and one resting *ex professo* on assumptions respecting life and power essences. These were founded in and accepted from Hahnemann's great essay, "Spirit of Homœopathy," came to us in 1826, to 1830; that is to say to myself first, Wilson next, then to Hull, and lastly to Channing in 1832, through the translation and commentaries of the good and great pioneer Gram; and none of us ever deviated from them, or wavered in supporting true homœopathy.

I have been thus careful to recite the details of convictions and practice in the early days and among the genuine pioneers; here in New York, for reasons which are obvious enough to those who knew the founders and their merit and sacrifices, but which time and justice through some of my faithful and learned survivors must disclose and elucidate.

The learned propagandist of homœopathy in other cities or in foreign lands, may perhaps feel surprise at your dedicating a considerable share of this annual meeting, sacred to its origin and diffusion, to the memory of one of your number who contributed nothing to its polemic literature, and who did not even qualify himself to teach it to students by studying the language of that literature. Nevertheless you are quite right. You should

give glad testimony to the great missionary value of his five and thirty years clinical work. For though he gave no public lectures in support of homœopathy, wrote no books and educated no pupils, yet as your learned and brave predecessor, he bore your standard honorably through the opening conflict against vastly superior numbers, and, by his skill in diagnosis and prognosis, and his assiduity in acquiring the right remedies at the hand of those who could hunt them for him (maugre the loss of prestige which such dependence entailed upon him for a time), he and his associates of that day made ready for your remunerative and happier occupation here in New York, a position where you can, if you choose, do great and lasting work for the advancement and expansion of our glorious method of healing.

This pioneer merit of Wilson, I may add, is righteously shared to some extent by all the well educated gentlemen of our school who came over to us in the second stage of its expansion, namely, after the translations were published; I mean especially those of this class who left prosperous positions in the old school and came to us from conviction of our great truths; who were impelled towards us by the irrepressible force of conscience; not allured by the hope of acquiring with us what they could not reach in the old school.

You do right, I say, to honor this clinical expounder of homœopathy, this unostentatious propagandist of our science, and to embalm his memory forever in the deepest recesses of your affections; for he and his associates have bequeathed to you the means for surely rewarding all the diligence in study and all the scientific research you may devote to the materia medica and to the enriching of your literature. If you shall develop here in the metropolis of the new world an efficient body of experimenters in pharmacology; of honest and capable translators of the standard literature; of able commentators on the immortal discoveries of Hahnemann; as of late I have seen some hopeful indications of your doing, you can then rightfully say to the learned and distinguished objector, we honor the career and labors of Wilson, not only for the learning he acquired in his youth and for the dignity and benefactive worth of his character, which drew us all towards him in the best bonds of human affinity, but also because by his cure of the thousands who came to him for relief during his long exercise of our divine art, he greatly aided to make our goodly status possible; because he and his venerated preceptor and associates left us the means of study and useful employment in our system on a broader scale than they can elsewhere be found in the civilized world.

My dear younger friends, you will I trust, diligently sow and worthily reap the field of divine uses which the early pioneer cleared for you in the winter months and fallowed for you in the cold and frosty spring of the great year of homœopathy. Pardon me, if assuming the privilege of age, I implore you to abolish the blatant shams which infest our school and really imperil its existence, namely, mistranslations of the Organon and Materia Medica, false or very defective provings, and the miserable imitation of the old school monoplies in the teaching and graduation of students of medicine. Demand and produce from among yourselves lecturers upon the Institutes who can read the learned languages, and also especially the

language of the Organon, and who have enough of culture in philosophy to weigh and expound its Kantian technics and criticisms. You have such men already forming among you. Develop their latent forces, reward their industry, honor their acquirements, and put them quickly to their work.

Your art is menaced, sharply so, by your defective plan of education for those who are to succeed you, and by the very deficient teachers whom that plan tolerates. Can a man teach homœopathy who cannot read German, or one teach forensic medicine who cannot read Latin, the language of that branch of the law? Away with shams! Allopathy can sustain them and live out her appointed time, but homœopathy is akin to positive science, and all her methods demand correlative integrity in learning, teaching and practicing them; she must perish from the face of the earth unless we adapt our system of degrees or licenses to her imperative requirements. In the early times, foreseeing in part these days of pecuniary prosperity to our school, Gram, Wilson and I worked with great diligence in the medical societies of the State and in the Legislature to procure a reformation of the franchise or monopoly system of teaching students and of dispensing degrees then as now in vogue, but all our efforts fell to the ground. The college had the advantage of us in the universal prejudice against homœopathy which the suggesters of the palpably just and needed change all professed, and we were compelled to give up our agitation of the question, after almost achieving success in two consecutive sessions of the Legislature; a success which would have filled the profession of the State with fine classical scholars, and through a limitless competition, have given homœopathy a chair in every college of teachers and a just representation in our army and in every hospital in the country.

We failed, and the profession in general has steadily fallen back instead of advancing in literary and scientific acquirements till the mass has become incompetent to teach homœopathy, and accordingly we receive few or no accessions from it by conversion. Now, at last, my colleagues, you have obtained this by the liberal action of our good State government, plenary powers for securing the advancement of your branch of the profession. Your county societies and your State society, by proper joint action, can establish such rules for the examination of candidates, the dispensing of diplomas and the appointment of teachers, as shall accomplish all that the pioneers worked for so long in vain, and all that the future demands at your hands. You cannot need new enactments, for you will want to erect no monopoly of professorships; and I earnestly implore you to give us a great school of medicine here *on a free basis*, by prompt, strong and thorough organization of your teaching forces under the ample charter powers you possess.

You have the means everywhere; the needful numbers of learned homœopathists and the beneficence of the opulent friends of our mild and efficient treatment to found such a school of medicine. *Macte virtute!*

To conclude the task of love you gave me to do, my friends, I beg to say that Dr. Wilson's key-note of life was *fraternity*. He loved his family, his friends, his country and his race, each and all, infinitely more than he loved himself. He drew near especially to the weak and defenceless and down-

trodden. To such, his strong body, his strong powers of sympathy, his copious pecuniary income were a wall of support, each as its resources were needed. As in the introduction of homœopathy, so in every other phase and aspect of his benefactive life; and through each day of that whole life his instinctive rule of action was well-being for others, without taking thought for self-hood either of to-day or to-morrow.

In my long intercourse with him, I knew many, very many shining instances of his lifting up the children of want and sorrow; and now since his removal, I come quite frequently upon old cases of the kind from the lips of his beneficiaries which were sealed during his lifetime. Wilson was, by the gift of his Creator, born on that plane of uses to which most men attain only after long conflict with the composite forms of selfishness, by sad experiences and by palpable throes of the inmost life. He loved the works of fraternity, and he did them always, and to all who needed such works, without stint. Especially was he careful to aid and honor with his sympathy, and effectively aid with his money the unfortunate physician and the widows and orphans of such. Over Wilson's grand record the religion of Jesus writes: "Well done, good and faithful servant, enter thou into the joy of thy Master."

His life's signet ring imprints for us the wise words of the old stoic poet: *Aude, hospes, contemnere opes, et te quoque dignum Finge deo!* And his philosophy, which so grandly aided him in all the molestations and sorrows of life, and so perfectly sustained him in the long and precarious twilight of his fatal malady, was the offspring of his ever-abounding and most touching humanity. How resplendently do the words of Seneca, concerning the relations of virtue and wisdom, shine out in the mirror of such a life as was our friend's.

Philosophia studium virtutis est, sed per ipsam virtutem; nec virtus autem ipse sine studio sui potest, nec virtutis studium sine ipsa.

ONEIDA COUNTY HOMŒOPATHIC MED. SOCIETY.

Article 71. List of Officers, Delegates, Committees, and Members, 1864–65.
72. Report of the Oneida County Homœopathic Medical society, comprising
A. Proceedings of the Seventh Semi-Annual Meeting, held June 21, 1864.
B. Proceedings of the Eighth Annual Meeting, held October 18, 1864.
C. Proceedings of the Eighth Semi-Annual Meeting, held June 20, 1865.
By the Secretary, M. M. GARDNER, M. D., of Holland Patent.
73. Report on Epidemics in Cayuga county. By C. WILLIS BOYCE, M. D., of Auburn.
74. Report on Epidemics in Jefferson county By L. B. WALDO, M. D., of Adams.
75. Report on Materia Medica. Accidental Proving of Phytolacca decandra. By WOODWARD WARREN, M. D., of Boonville.
76. Report on Materia Medica. Proving of Baptisia tinctoria. By HIRAM HADLEY, M. D., of Boonville.
77. Report on Clinical Medicine. The Basis of Treatment. By CARROLL DUNHAM, M. D., of New York.

ARTICLE LXXI.

List of Officers, Delegates, Committees, and Members, 1864–65.

OFFICERS ELECTED, OCTOBER 18, 1864.

Dr. Hiram Hadley.....	Boonville	President.
S. O. Scudder.....	Rome.....	Vice President.
M. M. Gardner.....	Holland Patent.....	Sec'y and Treasurer.

CENSORS.

Dr. D. D. Joslin.....	Pierrepont Manor....	Jefferson county.
Wm. H. Watson....	Utica.....	Oneida do
G. B. Palmer.....	East Hamilton.....	Madison do
Abram Guiwits.....	Salisbury Centre.....	Herkimer do

COMMITTEE ON PUBLICATION.

Dr. Wm. H. Watson, Dr. L. B. Wells.

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. M. M. Gardner, Dr. W. H. Watson, J C. Raymond. Dr. W. B. Stebbins,

DELEGATES TO THE CAYUGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. E. A. Munger, Dr. L. B. Waldo.

DELEGATE TO THE WAYNE COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. H. M. Paine.

DELEGATE TO THE OSWEGO COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Nathan Spencer.

DELEGATES TO THE ONONDAGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. L. B. Wells, Dr. G. B. Palmer. Dr. J. C. Raymond.

COMMITTEES APPOINTED AT THE SEVENTH SEMI-ANNUAL MEETING.

Dr. C. W. Boyce, Prevailing Epidemics, Cayuga county.
W. R. Gorton, do Onondaga do
E. A. Munger, do Oneida do
A. Guiwits, do Herkimer do
L. B. Waldo, do Jefferson do
George B. Palmer, do Madison do
D. D. Joslyn, Drug Proving, Jefferson county.
Wm. M. Gwynn, do Cayuga do
Geo. W. Bailey, do Oneida do
William B. Stebbins, Pathology and Treatment of Miasmatic Fevers.
M. M. Gardner, Diseases of the Nervous System.
L. B. Wells, High Potencies in Disease.
William Landt, Diseases of Mucous Membranes.
William H. Watson, Special Pathology.
H. M. Paine, Meteorological Phenomena in connection with Prevailing Diseases.
W. Warren, Diseases of Children.
J. C. Raymond, Cholera Infantum.

COMMITTEES APPOINTED AT THE EIGHTH ANNUAL MEETING.

Drs. Wm. B. Stebbins, Wm. Landt and J. W. Mower, to organize a Medical Society in Herkimer county.
E. A. Munger and George B. Palmer, to organize a Medical Society in Madison county.
L. B. Waldo and D. D. Joslin, to organize a Medical Society in Jefferson county.
Hiram Hadley, Professional Etiquette.
C. Wm. Boyce, Metritis and its Appropriate Treatment.
E. A. Munger, Phthisis do do do
G. B. Palmer, Pneumonia do do do
L. B. Waldo, Dysentery do do do
William Landt, Pertussis do do do
M. M. Gardner, Diphtheria do do do
Woodward Warren, Croup do do do
H. M. Paine, Meteorological Phenomena in connection with Prevailing Diseases.
W. H. Watson, Cases from Obstetric Practice.
J. C. Raymond, Pathology and Treatment of Typhoid Fever.
Wm. B. Stebbins, Pathology and Treatment of Miasmatic Fever.
Abram Guiwits, Diseases of Children.

Dr. L B. Wells, High Potencies in the Treatment of Disease.
D. D. Joslyn, Drug Proving in Jefferson county.
Geo. W. Bailey, do Oneida do
John W. Mower, do Herkimer do
S. O. Scudder, Military Surgery.

HONORARY MEMBERS.

Dr. Thomas F. Pomeroy.	Detroit	Michigan.
D. D. Loomis	Morrisville	Madison county.
Silas Bailey	Toledo	Ohio.
C. William Boyce	Auburn	Cayuga county.
J. Ralsey White	Butternuts	Otsego do
R. D. Landon	Fredonia	Chautauqua county.
John Younglove	Troy	Rensselaer county.
William R. Gorton	Skaneateles	Onondaga do
William M. Gwynn	Throopsville	Cayuga do
Durfee Chase	Palmyra	Wayne do
Edwin R. Heath	do	do do
Carroll Dunham	New York	New York do
Henry M. Smith	do	do do
Horace M. Paine	Albany	Albany do
H. Robinson, Sen.	Auburn	Cayuga do
H. Barton Fellows	Sennett	do do
Wm. A. Hawley	Syracuse	Onondaga do
A. R. Morgan	do	do do
J. G. Bigelow	do	do do
Wm. H. Hoyt	do	do do
George B. Palmer	East Hamilton	Madison do

MEMBERS.

Dr. Jonas C. Raymond	Utica	Oneida county.
Lucian B. Wells	do	do
William H. Watson	do	do
John A. Paine	do	do
C. Judson Hill	do	do
Harrison Willis	Clinton	do
Erastus A. Munger	Waterville	do
George W. Bailey	do	do
A. A. Mason	Knox Corners	do
Leverett Bishop	Sauquoit	do
S. O. Scudder	Rome	do
Hiram Hadley	Boonville	do
Woodward Warren	do	do
M. M. Gardner	Holland Patent	do
L. B. Waldo	Adams	Jefferson county.
D. D. Joslyn	Pierrepont Manor	do
Wm. B. Stebbins	Little Falls	Herkimer county.
John W. Mower	West Schuyler	do
William Landt	Mohawk	do
Nathan Spencer,	Windfield	do
Abram Guiwits	Salisbury Centre	do

The annual meeting is held on the third Tuesday of October. The semi-annual on the third Tuesday of June.

ARTICLE LXXII.

Report of the Oneida County Homœopathic Medical Society, comprising:
A. Proceedings of the Seventh Semi-Annual Meeting, held June 21, 1864.
B. Proceedings of the Eighth Annual Meeting, held October 18, 1864.
C. Proceedings of the Eighth Semi-Annual Meeting, held June 20, 1865.
By the Secretary, M. M. GARDNER, M. D., of Holland Patent.

A.

PROCEEDINGS OF THE SEVENTH SEMI-ANNUAL MEETING.

The seventh semi-annual meeting of the Society was held at Stanwix Hall, in Rome, June 21, 1864.

The meeting was called to order, at a quarter before twelve o'clock, by the Vice-President, Dr. L. B. Waldo.

On calling the roll, the following gentlemen responded to their names:

HONORARY MEMBER.

Dr. C. W. Boyce ..... Auburn, Cayuga county.

MEMBERS.

Dr. L. B. Wells.....	Utica,	Oneida county.
J. C. Raymond.....	do	do
W. Warren	Deerfield,	do
S. O. Scudder	Rome,	do
M. M. Gardner.....	Holland Patent,	do
H. M. Paine	Clinton,	do
L. B. Waldo.....	Adams,	Jefferson county.

The following gentlemen were present, and, on motion of Dr. M. M. Gardner, were elected honorary members:

Dr. D. Chase.....	Palmyra,	Wayne county.
E. R. Heath.....	do	do
Carroll Dunham	New York,	New York county.
Henry M. Smith.....	do	do
H. Robinson, Sen.....	Auburn,	Cayuga county.
H. Barton Fellows.....	Sennett,	do
Wm. A. Hawley	Syracuse,	Onondaga county.

Drs. Clark Hamilton, of Clinton, and G. J. Jones, of Holland Patent, were also present, and were invited to participate in the deliberations of the Society.

The minutes of the last meeting were read, and, on motion of Dr. J. C. Raymond, approved.

Reports of committees being called for by the President, the following gentlemen responded:

Dr. C. W. Boyce, on *Epidemics in Cayuga County.* The report consisted of the history and treatment of a recent epidemic of typhoid fever. A marked peculiarity of this epidemic consisted in a diphtheritic complication. The remedies chiefly employed were belladonna, kali hyd., and phytolacca decandra.

Dr. L. B. Waldo reported an historical sketch of *diphtheria*, recently epidemic in Jefferson county. The remedies employed were chiefly aconite, belladonna, mercurius jod., also, as symptoms required, kali bi., rhus tox, and nitric or sulphuric acids.

Dr. L. B. Wells reported verbally his experience in the use of high potencies in the treatment of disease. He expressed his continued and increasing confidence in them, especially in chronic diseases; indeed he would scarcely know how to practice medicine without them. In very many forms of disease they prove far more efficacious than the low potencies. Phthisis especially should be treated exclusively by them. Let any who doubt their utility read a case by Dr. R. R. Gregg, recently published in the *American Homœopathic Review*. One dose of medicine was given, followed by another at the expiration of one week, which produced a decided aggravation. The doses were then repeated at intervals of four weeks. Many cases of chronic herpes are very successfully treated with high potencies. He has treated a number of cases of recent scabies with croton tig. and lobelia, as recommended by Dr. Teste, but this plan has occasionally failed.

Dr. Dunham recommended the application of lard to the surface whenever the acarus is found, which destroys the parisite; he then administers remedies as in any other ordinary disease.

Dr. H. M. Paine presented an incomplete report, entitled "*The Influence of Meteorological Conditions of the Atmosphere in the Production of Disease.*" The report consisted of a monthly summary of meteorological observations in connection with a monthly summary of prevailing diseases, arranged in tabular form, and was prefaced by the following statement:

"It is common to ascribe the source of a large number of diseases to atmospheric influences. What these influences are, and just how far they are really instrumental in producing the results ascribed to them, is not apparent.

"The accompanying tables are presented with the hope of calling attention to this department of medical science, so that new light may ultimately be thrown upon this important subject.

"It is intended to represent, side by side, in tabular form, so as to be easy for refcrence, a monthly report of the weather, and a record of the prevailing diseases occurring in the same locality and at the same time. Thus a convenient opportunity is afforded for comparing the monthly report of the winds, temperature, and humidity of the atmosphere with the diseases occurring in the same place and during the same period.

"Similar records are now made at many of the hospital stations in the regular army, and are published from time to time in separate volumes; or, if in one volume, in such an imperfect method of arrangement, respecting both the classification and nomenclature of the diseases treated and the incomplete record of the weather, as to preclude any attempt at thorough investigation. It should also be observed that statistical information, however reliable, obtained from hospital reports, is not as valuable for the present purpose as that obtained from the daily records of ordinary practice.

"A few reports of this kind are of little importance, but if continued through a number of consecutive years, by many observers, they would become exceedingly useful in determining some of the remote as well as proximate causes of many zymotic diseases."

The society adjourned to meet at 2 P. M.

AFTERNOON SESSION.

Dr. D. Chase never uses lower than the third potency, and usually in ordinary practice the twelfth, He is still suffering from the effects of a severe injury received more than a year ago. The injury produced temporary paralysis. He has obtained greater relief from the sixth potency of arnica than any other remedy.

Dr. H. Robinson has found sticta pulmonaria very useful in many forms of rheumatism, catarrh and influenza. In a case of vertigo, with greatly increased flow of sweet saliva, sticta[3] afforded prompt relief. In cases of rheumatism, when there is restlessness with a sensation of lightness rather than heaviness of the limbs, the sticta is very useful. Also in cases of rheumatism accompanied with great irritability and restlessness, it affords relief when rhus fails.

Dr. Wm. A. Hawley presented and read a paper by Dr. A. R. Morgan, of Syracuse, on "Diseases of the skin." The paper consists of an extract from a work on diseases of the skin, soon to be published, giving a new and original method of classification. Dr. Morgan has devoted several years to the study of this class of diseases. He proposes a new classification and nomenclature, based upon natural phenomena, by means of which any one can scarcely fail to arrive at an accurate diagnosis. When published it will probably be fully illustrated by engravings, and will be of very great service in securing *uniform and accurate* delineations of skin diseases in recording drug provings. The want of such a standard is sadly apparent to the most superficial observer on reviewing our present materia medica.

Dr. E. R. Heath related the history of epidemic vaginitis. Almost every female in the locality where it prevailed was affected by it. It attacked alike those in advanced years as well as in middle and early life; those who had previously enjoyed good health as well as those who were suffering from chronic diseases. In the latter its encroachments were usually in an aggravated form. The disease consists of an inflammation of the vaginal mucous membrane, causing a profuse leucorrhœal discharge. As the disease progresses it produces various complications—hysteria, nymphomania, convulsions, and in some cases epilepsy. The symptoms usually increase in intensity at night. There was observed in many cases a red spot over the left ilica superior spinous process, at times changing to the right side. From these spots quite severe paroxysms of pain extended upwards, implicating the abdominal parietes. The discharge during the fever was of a dark color, but usually light and very offensive. Valerianate of zinc[3] and aurum mur.[12] were found useful remedies. Sometimes cicuta relieved the hysteric spasms. Recovery in most cases occurred in from seven to ten weeks.

Dr. L. B. Wells called attention to the utility of murex purpurea as a remedy for the disease just mentioned. Since reading a full proving recently published in the Review, he has found it a very useful remedy.

Dr. H. M. Smith gave a verbal statement of a recent meeting of homœopathic physicians in Philadelphia, at which a plan of organization of a Homœopathic Publishing Society was proposed; the recent organization of a Homœopathic Medical College for Women, and also the establishment of a Homœopathic Hospital for Women, both in the city of New York.

Dr. C. Dunham communicated information respecting the proposed plan for the organization of a Homœopathic Publishing Society. He read the constitution, and explained the objects of the association. A meeting of homœpathic physicians will be held in Philadelphia next October, to complete the organization of the society.

Dr. L. B. Wells considered it one of the most important movements ever proposed. He presented the following resolution which was adopted:

Resolved, That the Homœopathic Medical Society of Oneida county approves the organization of the Homœopathic Publishing Society, and would recommend the members and the profession to avail themselves of this opportunity to advance the homœopathic system of practice.

Dr. C. W. Boyce presented and read a paper, giving the symptoms and treatment of a case of *Epididymitis*, by Dr. H. D. Paine of New York. Thuja from the 12th to the 200th potency was administered nine months without benefit. The disease was cured in three months by the same remedy, in drop doses of the mother tincture administered daily.

Dr. C. W. Boyce also presented and read a communication from Dr. Ad. Lippe of Philadelphia, entitled "*A case of Gastrosis.*"

Dr. M. M. Gardner presented and read a paper entitled "*Lachesis in the treatment of stomatitis materna.*" The symptoms of a case from practice were given. Lachesis proved efficacious.

Dr. C. Dunham presented and read a paper by Dr. B. Fincke of Brooklyn, entitled "*Potencies.*"

Dr. C. Dunham also read a communication entitled "*A Case of Pterygium crassum.*" The remedy successfully employed, and the only one was zincum met.

Dr. Wm. A. Hawley read a paper entitled "*A Case of Phthisis.*" This case was cured by sulphur,[180] and arsenicum,[200] after lower potencies of these remedies had been given without apparent benefit.

The Secretary read extracts from his correspondence, among which may be mentioned a letter from Dr. Ad. Lippe of Philadelphia; another from Dr. B. Fincke of Brooklyn; and one from Dr. C. Heerman of Philadelphia.

Dr. L. B. Wells offered the following resolution, which was adopted:

Resolved, That the thanks of this society be extended to the delegates from other County Homœopathic Medical Societies present at this meeting, for the interesting papers they have communicated; and that a copy of each be requested for preservation in the archives of the society, and publication in the Transactions of the State Association.

The introduction of the homœopathic system of practice into the army, was then considered. The illiberality and intolerance that controls the allopathic school is, at the present time, strikingly illustrated, in excluding the practitioners of the homœopathic school from the army. Our just claims are ignored, and our standing in the medical profession continually, impudently and wilfully misrepresented by the allopathic school, merely because we differ in opinion from them respecting the scientific application of remedies in the treatment of disease. This course is not only illegal and discourteous, but reflects discredit upon its authors, and will ultimately prove advantageous to the cause they evidently wish to weaken, and the

class of the profession whose influence they fear and whose prosperity they desire to arrest.

The following committees were re-appointed, and are expected to report at the next meeting:

Dr. C. W. Boyce, Prevailing Epidemics in Cayuga county.
W. R. Gorton, do Onondaga do
E. A. Munger, do Oneida do
A. Guiwits, do Herkimer do
L. P. Waldo, do Jefferson do
Geo. B. Palmer, do Madison do
D. D. Joslyn, Drug Proving, Jefferson county.
W. M. Gwynn, do Cayuga do
Geo. W. Bailey, do Oneida do
William B. Stebbins, Pathology and Treatment of Miasmatic Fevers.
M. M. Gardner, Diphtheria.
L. B. Wells, High Potencies in Disease.
Wm. Landt, Diseases of Mucous Membranes.
Wm. H. Watson, Special Pathology.
H. M. Paine, Meteorological Conditions of the Atmosphere in connection with prevailing Diseases.
W. Warren, Diseases of Children.
J. C. Raymond, Cholera Infantum.

Drs. J. C. Raymond, L. B. Wells, M. M. Gardner and H. M. Paine were appointed delegates to the meeting of the Cayuga County Homœopathic Medical Society.

Drs. Wm. H. Watson and E. A. Munger, delegates to the Wayne County Homœopathic Medical Society.

Drs. L. B. Waldo, George W. Bailey and H. M. Paine, delegates to the Onondaga County Homœopathic Medical Society.

The Society adjourned to meet at Bagg's Hotel, in Utica, Oct. 18, 1864.

B.

Proceedings of the Eighth Annual Meeting.

The eighth annual meeting of the society was held at Bagg's Hotel, in the city of Utica, Tuesday, October 18, 1864.

The meeting was called to order at 12 M., by Dr. L. B. Waldo, Vice-President of the society.

The following members were present:

Dr. L. B. Wells	Utica	Oneida county.
J. C. Raymond.....	do	do
J. A. Paine.....	do	do
E A. Munger.....	Waterville	do
Geo. W. Bailey	do	do
W. Warren	Deerfield	do
M. M. Gardner.....	Holland Patent.....	do
H. M. Paine	Clinton	do
Geo. B. Palmer	East Hamilton.....	Madison county.
L. B. Waldo.....	Adams	Jefferson do
W. B. Stebbins.....	Little Falls	Herkimer county
J. W. Mower	East Schuyler	do
William Landt	Mohawk	do

Also, as delegates from the Onondaga County Homœopathic Medical Society:

Dr. A. R. Morgan	Syracuse.....	Onondaga county.
J. G. Bigelow	do	do
W. H. Hoyt	do	do

On motion of Dr. Wells, the delegates from the Onondaga County Homœopathic Medical Society were elected honorary members.

On motion of Dr. Gardner the reading of the minutes of the last meeting was omitted.

The president appointed Drs. W B. Stebbins, L. B. Wells and M. M. Gardner, a committee to nominate officers for the ensuing year.

Reports from medical committees were then presented.

Dr. Munger presented a brief verbal report on *Epidemics* in Oneida county.

Dr. Bailey presented a report on *Drug Proving*, consisting chiefly of trials of baptisia, by Dr. Hadley, of Boonville. Dr. Bailey has several times attempted the proving of baptisia. He has taken it daily in doses of a few drops to six hundred, without any decided effect.

Dr. Munger thought the proving by Dr. Hadley indicated especial action of the drug upon the right lung. He has used it in typhoid fever with satisfactory results. He has kept up its influence in some cases through the whole course of the disease. In all his clinical experience with it he has found it a useful remedy. Dr. Hadley's daughter was relieved of a troublesome cough while proving it.

Dr. Palmer has tried it faithfully in doses of from fifty to two hundred drops without any decided symptoms. He has noticed that the tinctures prepared at the west have a deep indigo color, while those procured at the eastern pharmacies have a dark amber color.

Dr. Wells stated that he had partially prepared a report illustrating the utility of high potencies in the treatment of disease, which he would complete in a few days.

Dr. Munger related the history of an incurable case of chronic ascites in which arsenicum^{200} afforded very marked relief. Nux vom.^{2000} at night and opium^{1000} in the morning, were given for constipation, also a troublesome symptom, with temporary relief. Lower potencies of these and many other remedies had repeatedly been given without benefit.

Dr. Wells related the following cases:

1. *Chronic iritis*, in which clematis^{200} always relieved the pain.

2. *Megrim.*—Burning pain in the left temple, eye, and left half of the forehead, commencing daily about eleven a. m. and passing off in the evening. A few doses of arsenicum^{200} speedily and permanently removed the disease. Arsenicum^{3} previously given had caused a decided aggravation.

3. *Hydrothorax.*—Incurable on account of organic disease of the heart; was frequently very greatly relieved by aurum^{200} and arsenicum^{200}.

Dr. Munger related the history of a case of ovaritis of the left side, with hemorrhoids. There was constant pain in the region of the left ovary, but no perceptible enlargement. Calcarea^{2000} was given in daily doses. Pulsatilla^{1000} occasionally for the severe pain, and sulphur^{3000} a dose twice a

week. The cure was effected in the course of six or eight weeks, and remains permanent. He is quite confident that better effects can be obtained from high potencies than from the low, especially in the treatment of chronic diseases.

The treasurer presented his report, which, on motion of Dr. Munger, was accepted and adopted.

On motion of Dr. Munger, a resolution to assess the usual annual tax was adopted.

On motion of Dr. Munger, the usual order of business was suspended, for the purpose of listening to the report of the nominating committee, which was then presented, and the following officers were elected for the ensuing year:

Dr. Hiram Hadley, Boonville, President.
S. O. Scudder, Rome, Vice President.
M. M. Gardner, Holland Patent, Sec'y and Treasurer.

CENSORS.

Dr. D. D. Joslyn, Dr. G. B. Palmer,
W. H. Watson, A. Guiwits.

COMMITTEE ON PUBLICATION.

Dr. W. H. Watson, Dr. L. B. Wells.

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. M. M. Gardner, Dr. W. B. Stebbins,
W. H. Watson, J. C. Raymond,

DELEGATES TO THE CAYUGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. E. A. Munger Dr. L. B. Waldo.

DELEGATE TO THE WAYNE COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. H. M. Paine.

DELEGATE TO THE OTSEGO COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Nathan Spencer.

DELEGATES TO THE ONONDAGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Drs. L. B. Wells, G. B. Palmer, J. C. Raymond.

Dr. Munger called attention to the importance of increasing the number of delegates to the State Homœopathic Medical Society, and with this purpose in view he urged the immediate formation of societies in all the counties in this State where there is the requisite number of physicians. He hoped this Society would commence the work by appointing committees to effect the organization of societies in Madison, Herkimer and Jefferson counties, in season to secure representation at the February meeting of the State Society, and in conclusion presented the following resolution, which was adopted:

Whereas, the numbers and influence of county homœopathic societies indicate, in a measure, the extent and progress of the homœopathic school in this State; and

Whereas, the usefulness of the State Homœopathic Medical Society depends upon, and is augmented in proportion to the number of delegates from such associations; therefore,

Resolved, That the formation of county homœopathic medical societies wherever practicable, in all the counties in this State, is extremely desirable, and should engage the immediate attention of the profession in all the counties in which societies have not yet been organized.

The president accordingly appointed the following committees:

Drs. Wm. B. Stebbins, Wm. Landt and J. W. Mower, for Herkimer Co.

Drs. E. A. Munger and George B. Palmer, for Madison and Chenango counties.

Drs. L. B. Waldo and D. D. Joslyn, for Jefferson county.

Dr. Munger offered the following resolution, which was adopted:

Resolved, That the thanks of this Society be tendered to Dr. H. M. Paine for his efficient services as secretary and treasurer during the past six years.

The Society adjourned half an hour.

Afternoon Session.

Dr. Wells presented the following resolution, which was adopted:

Whereas, the efficiency and usefulness of the American Institute of Homœopathy would be largely increased by changing its form of organization to that of a representative body, composed of delegates from the several State and county medical societies in this country; therefore,

Resolved, That members of this Society who are also members of the Institute, and who may be present at its next meeting, be requested to advocate such a change of organization, and to act as the representatives of this association.

Dr. Raymond reported an interesting case of *Congestion of the Brain with Paralysis.*

Dr. Wm. H. Hoyt, of Syracuse, read a communication by Dr. Boyce, entitled "*Observations on Spigelia.*" The pathogenesis of the remedy clearly indicates its utility in several common forms of neuralgia of the face, eyes and forehead, even when attended with considerable congestion.

Dr. A. R. Morgan, of Syracuse, read a paper entitled "*A Case of Lepra vulgaris with Eczema.*"

On motion of Dr. Munger, the thanks of the Society were extended to Drs. Morgan and Hoyt, for their interesting papers, and copies were requested for publication with the proceedings of this meeting.

Dr. Warren presented a paper entitled "*A Case of Accidental Poisoning by Phytolacca decandra.*"

Dr. L. B. Wells presented and read a letter from Professor Carroll Dunham, urging the members to aid the publication of the forthcoming work on Materia Medica, by sending their subscriptions to the author, Dr. C. Hering, of Philadelphia, and offered the following resolutions;

Resolved, That the publication of Dr. Hering's new work on the Materia Medica, under the auspices of the Publication Society, meets our cordial approval.

Resolved, That we earnestly recommend the members of this Society, and the profession generally, to encourage this enterprise by sending their subscriptions at once to Dr. C. Hering, 112 North 12th st., Philadelphia.

Dr. L. B. Waldo stated verbally his experience in the treatment of epidemic dysentery, recently prevalent in Jefferson county.

Dr. H. M. Paine presented a report entitled "*Nosological Classification of*

Disease; Monthly Summary of Prevailing Diseases in connection with a similar Summary of Meteorological Observations during the year 1862." By Drs. Wm. H. Watson, of Utica, and Horace M. Paine, of Clinton. We quote from the introductory remarks as follows:

"By classifying diseases and recording the causes of death, the most valuable information is obtained relative to the health of the people, or of the pestilential agencies which surround them. We can take this or that disease and measure not only its destructiveness, but its favorite times of visitation. We can identify its favorite localities, and classify its victims. We are able to trace diseases, also, as they get weaker and weaker, as some have done of late. We know from the valuable returns of the Registrar General of England, prepared by Dr. Farr, that scarlatina is, or rather was decreasing, and that it has been growing less and less destructive since 1851; that, until quite lately, the whooping cough has likewise declined, in some measure, and that measles alone, out of these severe diseases, has exhibited any tendency to increase. The advantages, therefore, of adopting some system of classifying diseases, which can be put to such useful, practical purposes, must be obvious to every one. It is proposed to adopt a system which, while it meets the requirements of science, will illustrate, by its use, the practical questions of the day relative to diseases, and their bearing upon the public health; and which will show those causes which are injurious or fatal to the life of man, and so contribute to their removal.*

"It is not probable that the importance of a correct nosological classification will be over-estimated. Without it, the uniform and accurate registration of prevailing diseases and the causes of death cannot be secured. It is the first step in this department of medical research."

The report will, doubtless, prove a useful guide in the daily registration of prevailing diseases; and as it is to be published in the Transactions of the State Homœopathic Medical Society, will soon be ready for general distribution to the profession throughout the State.

The President appointed the following medical committees:

Dr. Hiram Hadley, Professional Etiquette.

C. William Boyce, Metritis, and its appropriate Treatment.

E. A. Munger, Phthisis, do do

G. B. Palmer, Pneumonia, do do

L. B. Waldo, Dysentery, do do

Wm. Landt, Pertussis, do do

M. M. Gardner, Diphtheria, do do

W. Warren, Croup, do do

H. M. Paine, Meteorological Phenomena in connection with Prevailing Diseases.

W. H. Watson, Cases from Obstetric Practice.

J. C. Raymond, Pathology and Treatment of Typhoid Fever.

Wm. B. Stebbins, Pathology and Treatment of Miasmatic Fever.

A. Guiwits, Diseases of Children.

---

* Theory and Practice, Dr. J. C. Peters.

Dr. L. B. Wells, High Potencies in the Treatment of Disease.
D. D. Joslyn, Drug Proving in Jefferson county.
George W. Bailey, Drug Proving in Oneida county.
John W. Mower, Drug Proving in Herkimer county.
S. O. Scudder, Military Surgery.

On motion of Dr. Palmer, the society adjourned to meet at Little Falls on the third Tuesday in June (20th), 1865.

C.

Proceedings of the Eighth Semi-Annual Meeting.

The eighth semi-annual meeting of the Society was held at Bagg's Hotel, in the city of Utica, June 20, 1865.

Dr. Hiram Hadley, of Booneville, president, called the meeting to order at the appointed time.

There were present Drs. H. Hadley, L. B. Wells, W. H. Watson, J. A. Paine, W. B. Stebbins, Wm. Landt, C. Judson Hill, M. M. Gardner, J. D. Johnson and Harrison Willis. Several visitors from abroad were also present.

The proceedings of the last meeting were read and approved.

Dr. J. D. Johnson, of Kennet Square, Chester county, Penn., was elected an honorary member of the Society.

Dr. Harrison Willis, of Clinton, was elected a member of the Society.

Dr. C. Judson Hill, who was elected an honorary member on account of absence as surgeon in the army, was reinstated a full member of the Society.

Dr. William Landt, committee on clinical medicine, presented a report on *Pertussis.*

Dr. J. A. Paine, committee on diseases peculiar to women, presented a report on *Prolapsus Uteri.*

A discussion with reference to the causes and prevention of the diseases peculiar to women followed the reading of this paper. In the course of the discussion it was conceded that a far greater number of the diseases of this class could be readily cured if the treatment were commenced early; and that recourse to appropriate treatment is often neglected through ignorance on the part of the patient of the characteristic symptoms which indicate these maladies. It was suggested that a committee be appointed to prepare a short paper or tract suitable for general perusal, giving briefly the required information.

Drs. J. A. Paine, W. B. Stebbins and Wm. H. Watson, were appointed such committee.

Dr. L. B. Wells, committee on *High Potencies in the Treatment of Disease,* presented a report, which was accepted and placed on file.

Dr. W. Warren, committee on clinical medicine, presented a report on "*Croup and its Appropriate Treatment.*"

Dr. J. C. Raymond, committee on clinical medicine, presented a report on *Typhoid Fever.* An animated discussion followed the reading of this paper, which was engaged in by most of the gentlemen present.

Dr. H. Barton Fellows presented a paper on "*Acute Eruptive Diseases.*"

Dr. H. Willis presented a commuication entitled "*Pathognomonic and Characteristic Symptoms*," by Dr. C. Dunham, of New York.

Dr. Wm. H. Hoyt, of Syracuse, presented a paper giving in detail the symptoms and treatment of an interesting case of disease.

The treasurer presented his usual report of receipts and expenditures. The report was adopted.

On motion of Dr. L. B. Wells, a vote of thanks to Drs. Dunham, Hoyt and Fellows, was adopted, for their interesting communications, and copies requested for preservation in the archives of the Society.

Dr. L. B. Wells called the attention of the members to the importance of subscribing at once to the great work on materia medica about to be published by Dr. C. Hering. Dr. Hering will commence the publication of an edition in the English language alone as soon as the requisite number of subscribers (seven hundred) can be secured.

On motion of Dr. L. B. Wells, Dr. H. M. Paine, of Albany, was elected an honorary member of the Society.

The following committees were then reappointed:

Dr. Hiram Hadley, Professional Etiquette.
S. O. Scudder, Surgery.

On materia medica:

Dr. D. D. Joslin, Drug Proving in Jefferson county.
George W. Bailey, Drug Proving in Oneida county.
J. W. Mower, do do Herkimer do

On clinical medicine:

Dr. C. W. Boyce, Metritis and its Appropriate Treatment.
E. A. Munger, Phthisis, do do
G. B. Palmer, Pneumonia, do do
L. B. Waldo, Dysentery, do do
William Landt, Pertussis, do do
Harrison Willis, Diptheria, do do
Woodward Warren, Croup, do do
Wm. H. Watson, Syphilis, do do
J. C. Raymond, Typhoid fever, do do
W. B. Stebbins, Miasmatic fever, do do
A. Guiwits, Diseases of Children, do do
L. B. Wells, Paralysis. do do

On motion, the Society adjourned to meet in Utica on the third Tuesday in October next.

ARTICLE LXXIII.

Report on Epidemics in Cayuga County. By C. W. Boyce, M. D., of Auburn, N. Y.

At the time of the appointment of this committee, one year ago, quite a general epidemic of typhoid fever, in this county, had just subsided. In an experience of seventeen years in Cayuga county, no such general epidemic of this fever has been observed. We are not informed that it took any particular direction, though it has been often remarked that epidemics do

travel from one point to another in this locality. It lingered longest and the severest cases were found in the vicinity of the Seneca river, at Port Byron, Montezuma and Weedsport. In this region, especially in Montezuma, typhoid fever may be considered endemic. The typhoid epidemic disappearing, left its influence upon and became complicated with all diseases that followed. It was engrafted on or became a part and parcel of the diphtheria, which for several years past has been very prevalent in this vicinity.

Since the appointment of this committee, scarlet fever has been the most prominent epidemic. It commenced early last fall in the southwestern part of the county, near Cayuga lake, and traveled slowly in the northeasterly direction, visiting especially the towns of Springfield, Fleming, Auburn, Sennett, Throop and Mentz, towards Lake Ontario. Many cases became malignant at once, and partook of the characters of both the previous epidemics. The mouth and tongue became black on the third day, with grave typhoid symptoms in conjunction with enormously swelled glands of the neck and tonsils. In all severe cases the throat, on examination, was found filled with membrane. Many proved fatal, and under allopathic treatment nearly all died. Quite a number were saved by passing into the hands of physicians of our school. Others were less serious, and recovered with comparatively little treatment. Yet as a whole, it was one of the most extensive and fatal epidemics known in the county.

Heretofore, in the experience of your committee, the brain was the seat of dangor in the majority of fatal cases, but now they were of a typhoid nature, with diphtheritic complications. The eruption was more like the old fashioned Sydenhamian than any other that has ever been observed in this locality. Belladonna had a marked influence in the early stages of the disease, but generally ceased to be useful after the membrane had formed. Several remedies were used with various results. Kal. hydrodicum was of infinite use when the glands were much swelled. Mercurius biniodatus and iodatus were more useful in our experience than all other remedies, especially when the inflammation of the throat was of a high grade with circumscribed diphtheritic deposit. Some have found phytolacca decandra of the greatest service, both in the throat disease and for the general symptoms. In all cases where it was used, as far as we have observed, the disease was soon checked, and the patients convalesced rapidly. Phytolacca has also been used with good results in real diphtheria, and is well spoken of by all who have used it. It well repays careful investigation.

Pneumonia also prevailed as an epidemic during the early part of last winter. Several cases died very unexpectedly; among them one patient who was pronounced convalescent on Friday and Saturday died on Sunday morning, having himself predicted the time of his death. The cases were all prone to become typhoid.

The disease yielded readily to indicated remedies. Bryonia was, perhaps, most useful in the first period, followed by tartrate of antimony in the second stage.

ARTICLE LXXIV.

Report of Epidemics in Jefferson County. By L. B. WALDO, M. D., of Adams, N. Y.

My opportunities for obtaining full and correct information in regard to the prevailing epidemics of the county have been quite limited, mainly from two causes: First, I am a stranger here; and secondly, there are few homœopathists with whom to consult, and I confer not with the flesh and blood of the old school of practice.

I have learned of no disease prevailing in the county of Jefferson as an epidemic except diphtheria. This has prevailed in some localities to a considerable extent, and both under the old school practice and the so-called eclectic treatment, has been alarmingly fatal. For example, in one neighborhood, in a country district in the town of Lorraine, Dr. Clark, of Mansilla, had from forty to fifty cases, full half of which were fatal. Dr. Joslin, a member of our medical society, lost only four out of one hundred cases. Dr. Hale (eclectic), of Adams, has had six fatal cases in two families, three in each, while the homœopathic practice in the same community has lost none. I have had thirty-four cases of diphtheria, all of whom recovered. I have also been called a few times in consultation, and have always found nearly the same symptoms prevailing.

The disease has been attended in nearly all cases with a high grade of fever, preceded by chills. All complain of their "bones aching," and of a "dragging, pulling sensation about the knee joints." In nearly or quite every case there has been considerable swelling of the parotid, sub-maxillary, and other glands of the face and neck; always great enlargement of the tonsils, and generally elongation of the uvula. The color of the membrane has generally been pure or pearly white; but, in some cases, it has assumed the brown or leather hue, covering more or less of the tonsils, and extending down nearly or quite into the trachea. Dr. Joslin tells me of one case that he attended in which the entire roof of the mouth, including the tonsils and uvula, were covered with one unbroken patch as tough as leather, which came off in one piece, taking the entire uvula with it, which case became convalescent and was in a fair way of recovery, when by over-eating a fatal termination ensued.

TREATMENT.

Protoiodide of mercury, aconite, and belladonna, have been favorite remedies with me. I have also used, with great satisfaction, the first decimal trituration of bichromate of potash, dissolved in water, and used as a gargle. Rhus toxicodendron has been of great benefit in many cases when prostration has been present; nitric and sulphuric acids have been resorted to satisfactorily in severe cases marked by offensive odor and great lassitude.

Though I speak of not having lost a single case of diphtheria, I ought to say, in candor, that I do not believe I have had a case of that peculiarly fatal type which prevailed in Madison, Chenango, and the southern parts of Oneida counties, of which I had opportunity to see and know something while a resident of Madison county. The disease has prevailed to some

extent in Watertown under the name of diphtheritic fever, on account of the peculiarly high grade of fever—that being the most striking feature, rather, than the deposit in the throat.

Pneumonia has prevailed to a considerable extent in some localities, but rather as an endemic than an epidemic.

There has also been something of scarlatina in certain localities, but limited in extent, and generally mild in character. In fact, we regard ourselves as a healthy and hardy as we are a union-abiding people.

ARTICLE LXXV.

Report on Materia Medica. Accidental Proving of Phytolacca decandra. By W. Warren, M. D., of Leonville.

On the fourteenth day of October, 1864, while in the fields engaged in collecting plants, I discovered a fine specimen of phytolacca decandra, and succeeded, with some difficulty, in detaching about a quarter of a pound of the root, which was white, succulent, and perfectly free from impurities. I then chewed three or four grains of the root, swallowing a small part of the juice, but none of the fibrous or solid portion. This occurred about 3 o'clock P. M.

I now proceeded directly home, where I arrived about an hour later, and immediately began preparing the root for maceration in alcohol. While thus engaged, I again chewed a grain or two of the root and swallowed some of the juice. I observed at the same time that the odor of the cut and bruised root was very nauseous and offensive. Up to this time I had observed no unpleasant effects from the drug.

At 4 o'clock thirty minutes I felt a dull, pressing pain in the forehead, accompanied by slight nausea, with cool perspiration on the forehead and feeling of weakness. Partook of an early supper with my usual appetite. The nausea and headache were somewhat relieved by eating, but soon returned with increased severity.

5.35 P. M. Commenced to vomit ingesta; vomited violently at intervals of ten or fifteen minutes; nausea relieved and pain in the forehead increased by vomiting; dull, bruised pain in the occiput; constant flow from mouth, throat, and salivary glands of a thick, ropy, tenacious secretion.

6.20 P. M. Vomited an acrid substance, which caused a feeling of scraping and excoriation in the throat; cool perspiration, especially on the forehead and hands; great muscular debility and lassitude, with desire to lay down.

7 P. M. Continued acrid vomiting; took a glass of warm water to prevent the empty retching, which was becoming very painful; muscular weakness increasing; cool perspiration; pain through the whole head of a dull character; feeling of rawness and excoriation in the throat; all the symptoms worse on motion and in the open air, except the headache, which was relieved in the open air.

7.35 P. M. Drank another glass of warm water and vomited again in ten minutes; vertigo, dizziness of vision now began to be manifest; drank a cup of strong coffee at 8 P. M., which the stomach rejected in fifteen minutes;

vertigo and impairment of the vision increasing, as, also, debility and trembling on motion; all the symptoms relieved while lying down, except the scraping and excoriation of the throat and the expectoration of tenacious saliva; sleep restless and disturbed, during the first half of the night, by scraping and tickling in the throat, which occasioned a frequent disposition to cough.

October 15th. Feeling a lassitude and indisposition to move; sensation of rawness and scraping in the throat and tonsils, as if something had lodged at the root of the tongue; feeling of intoxication and weakness on rising and walking about; appetite at breakfast about as usual; all the symptoms relieved by eating, especially those in the throat; sickly looking countenance; sclerotica and face of a dark yellow color; bruised and sore feeling at the pit of the stomach, with pain in the same place.

October 17th. Symptoms which can be attributed to the action of the drug have all disappeared.

ARTICLE LXXVI.

Report on Materia Medica. Provings of Baptisia. By HIRAM HADLEY, M. D., of Boonville.

January 26th. Took ten drops of tincture of baptisia. In a short time I experienced a dryness and roughness of the pharynx, extending to the nares, with a stringent sensation, followed after a little by an increased secretion from the parts, especially the pharynx; dull pain at the pit of the stomach and constriction of the diaphragm.

January 28th, 10 o'clock A. M. Took fifteen drops. Experienced the same sensations in the fauces, stomach, and diaphragm; dull pain in the sternum; pain in the right lung, continuing some time; less pain in the left lung, with some soreness; slight pain in the right frontal sinus; an increased flow of saliva in the evening.

January 30th, 10 o'clock A. M. Took twenty drops. In a short time an increased secretion of saliva, followed by slight pain in the right lung; slight pain in the frontal sinuses, mostly in the right side. In the morning an increased flow of saliva of a pleasant taste.

February 4th. Took twenty-five drops. Soon after felt a dryness of the fauces, followed, in about an hour, by an increased secretion of mucus; soon experienced a slight pain in the right lung. In the afternoon had dull pain in the anterior lobes of the brain and in the right frontal sinus; sensation of weight and oppression in the precordial regions, with a feeling of unsatisfied breathing. At six o'clock oppressed breathing, cough, soreness of right lung, and sneezing; increased secretion from the bronchial tubes and fauces, with expectoration of mucus.

February 5th. My daughter, aged twenty, took fifteen drops, which produced a severe pain in frontal sinuses, followed by sneezing. In the afternoon, tightness of the chest, fullness of the throat, difficulty of breathing, and a dispositon to cough—quite troublesome; pain in the whole anterior part of the head and in the forehead; prostration and increased perspiration

upon the least exertion. In the evening the respiration freer and cough gone; lungs feel easier and stronger than usual.

She was cured by this proving of a troublesome cough of long standing.

ARTICLE LXXVII.

Report on Clinical Medicine. The Basis of Treatment. By CARROLL DUNHAM, M. D., of New York.

Hahnemann throughout his works takes every opportunity to urge the insufficiency of a pathological theory of the nature of a disease as the basis of the treatment. He everywhere urges that the only sure indication for every case is to be found in the totality of the symptoms which the case presents. One would think that nothing could be more clear and convincing than his arguments on this subject.

His opponents declared that his method ignored medical science, left no scope for pathology and diagnosis, and reduced therapeutics to a degrading mechanical comparison of symptoms. Very many homœopathists have so far deviated from Hahnemann's method as to endeavor to blend, with the use of his doses and remedies, an application of pathology as a basis of treatment. This endeavor can never be successful, inasmuch as the function of pathology is to furnish, not an indication for medical treatment, but simply a means of elucidating and collating the symptoms. The result has been a sad falling off from the standard of success in practice which was established by Hahnemann and his pupils. The points at issue are illustrated by the following case:

Willie M., four years old, was brought to me December 3, 1863. He had been healthy since February, 1863, when he is reported to have had a long attack of gastric fever, from which he finally recovered with the affection about to be described. This was a dyspnœa and wheezing, distinctly perceptible at all times when the child was awake, and which, on making any exertion, were very much aggravated, and resulted in an attack of convulsive cough with difficult inhalation, the whole paroxysm resembling precisely what is described as Millar's asthma or *Laryngismus stridulus*. It was remarked that the child seemed to be free from dyspnœa when sleeping soundly, but at no other time. On waking in the morning he had always a hard fit of coughing, during which he sometimes raised a little tenacious mucus. His appetite was good, though somewhat capricious. He was considerably emaciated; his spirits were good, and he often attempted to join in the sports of other children, but was obliged soon to desist, because of the dyspnœa and cough which every physical exertion caused and which greatly fatigued him. On percussion and auscultation the lungs were found resonant; the respiratory murmur was, of course, masked by the loud wheezing.

The child had been taken, in September, to Prof. A. Clark, of New York, who, after careful and repeated examinations, had given a written diagnosis—"Chronic Laryngismus." He gave a very unfavorable prognosis and the advice to avoid all medication, save only a dose of some anti-

spasmodic during the violent attacks of dyspnœa. This advice had not been followed. The child had been, throughout his illness, under what I regard as very skilful homœopathic treatment. I had once seen him in consultation, but had not been able to suggest anything that proved of service to him.

When now placed under my sole care, I well knew that the child had already taken, without benefit, every remedy which has symptoms at all resembling Millar's asthma or any spasmodic affection of the respiratory organs. And it was also evident, on even a cursory examination, that no one of these remedies was *clearly* indicated by the symptoms of the case.

I therefore resolved to follow, as implicitly as I could, the advice given by Hahnemann for the examination of the patient and the selection of the remedy. Dismissing from my mind, then, every notion concerning the seat and probable pathological nature of the disease, I examined the patient and made the following record of the symptoms which he presented.

1. Child emaciated, flesh soft, skin inclined to be yellow (naturally fair—a' blond) and dry.

2. Appetite very good; always calls for food as soon as a coughing fit begins in the morning or forenoon.

3. The right hypochondrium hard, distended, tender to the touch, painful on exertion and when he coughs. The right shoulder is elevated and the spinal column laterally curved; dullness on percussion on the right side, extending three fingers' breadth below the margin of the ribs.

4. Distension of the epigastrium which is tympanitic on percussion, and tender to the touch.

5. Much rumbling of flatus in the abdomen.

6. Frequent ineffectual desire for stool; stool scanty and dry, occurring once daily or once in two days.

7. Cough dry; sometimes in the morning a very little tenacious sputa; always a coughing fit in the morning on waking; he has to sit up to cough; cough excited by eating and drinking, by rapid motion, by exertion, by crying or talking. The cough hurts his right side.

8. Constant wheezing and dyspnœa aggravated by exertion and by lying down, relieved during sleep.

The tender age of the patient rendered it impossible to obtain many subjective symptoms, such as usually facilitate the individualization of cases, and the determination of the appropriate remedy.

Before proceeding further in the narration of the case, I desire to say a word upon its pathology. The symptoms are before us: what shall our diagnosis be? Is the case one of spasmodic laryngeal disease, complicated by certain gastro-enteric and hepatic affections? Or, is it a chronic hepatitis, complicated by laryngismus? Which affection is primary, and which secondary? What relation do the groups of symptoms bear to each other? Prof. Clarke seems to have adopted the former view, regarding the gastro-hepatic troubles as secondary, if indeed he paid any attention whatever to this complication. The homœopathic physicians who preceded me probably adopted the same view and based their treatment upon it. Now if in so doing they had happened to take a correct pathological view, the result

might have been favorable; or if they had adopted and acted upon the second hypothesis, and this had chanced to be the correct view, the result *might* have been favorable.

But is it not obvious to every candid mind, that, in either case, success in the treatment based upon a pathological consideration of the case must depend on the correctness of the pathological hypothesis—a matter in which certainty can *never* be attained.

On the other hand, if we throw aside, as irrelevant, the entire series of questions as to which is the primary disease, and which is the secondary—which the original malady and which the complication—if we say to ourselves: "Here is a sick child; let us examine and record those points in which he differs from a healthy child," we get the series of symptoms above recited, which are *facts*, indisputable, unmistakable, the result of pure observation. If now, without hypothesis or speculation, we seek to find and do find a remedy which presents a series of symptoms corresponding closely to those of the patient, experience justifies us in believing that we shall have reached the utmost possible certainty of correctly selecting the remedy.

Comparing the symptoms with the Materia Medica, we perceive at once that the remedies whose names are usually associated with Millar's Asthma, Laryngismus, etc., viz: sambucus, spongia, cina, lachesis, hepar, stann. chlorine, etc., etc., do not cover the case having but little correspondence with groups 1, 2, 3, 4, 5, 6.

Nux vomica, on the other hand, covers these groups very well, as will be seen by comparing Materia Medica. In addition, it has violent paroxysms of cough in the morning very early (676 and 677), excited by motion and exertion (670, 671, 672), producing pain in the *epigastric zone* (689), and accompanied by a desire to eat (my own observation).
It has also a well-marked dyspnœa.

The correspondence was so close that I had no hesitation in giving nux vomica.

Dec. 9, four powders of the ^{200}th were given, to be taken every night, and the patient to report in ten days.

Dec. 21, the report was brought to me, that the child had no more wheezing nor dyspnœa; had been free from cough for five days, can play long and vigorously without inconvenience, is regular in his bowels, complains no longer of pain or tenderness in the hypochondrium—in fact seems to be perfectly well.

He deranged the digestion by eating candy at Christmas, and had a slight return of pain in the hypochondrium, which a dose of sulphur relieved. He has ever since been entirely free from dyspnœa and laryngeal spasm, and is in the enjoyment of robust and perfect health.

If such a mode of practice as this be, as is charged, *unscientific*—if it ignore the sciences of pathology and diagnosis as bases of treatment—thus much at least may be said in its favor, that it far surpasses every other method in the facilities it affords for the fulfilment of one not unimportant object of the physician—the *cure of the patient.*

ONONDAGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Article 78. List of Officers, Delegates, Committees and Members, 1864.
79. Report of the Onondaga County Homœopathic Medical Society, comprising:
A. Proceedings of the Semi-annual Meeting held October 18, 1864.
B. Proceedings of the Third Annual Meeting held May 2, 1865, by the Secretary, W. A. HAWLEY, M. D., of Syracuse.
80. Tabular List of Homœopathic Physicians in Onondaga County, from 1842 to 1865, by A. R. MORGAN, M. D., of Syracuse.
81. Report on Clinical Medicine, Unequal Development of Twins, by B. B. SCHENCK, M. D., of Plainville.
82. Report on Clinical Medicine, Case of Phthisis Pulmonalis, by W. A. HAWLEY, M. D., of Syracuse.

ARTICLE LXXVIII.

List of Officers, Delegates, Committees and Members, 1864–65.

OFFICERS ELECTED MAY 3, 1864.

Dr. William A. Hawley	Syracuse	President.
W. Henry Hoyt	do	Vice President.
A. R. Morgan	do	Sec'y and Treasurer.

CENSORS.

Dr. W. Henry Hoyt	Syracuse	Onondaga county.
Lyman Clary	do	do
William R. Brown	Homer	Cortland county.

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. W. Henry Hoyt, Dr. W. R. Brown,
Dr. A. R. Morgan.

DELEGATES TO THE OSWEGO COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. A. R. Morgan, Dr. H. V. Miller.

DELEGATES TO THE ONEIDA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. L. Clary, Dr. J. G. Bigelow.

DELEGATES TO THE CAYUGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Wm. A. Hawley, Dr. W. Henry Hoyt.

DELEGATES TO THE WAYNE COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Thomas Y. Kinne, Dr. J. W. Sheldon.

COMMITTEES.

Dr. Wm. R Brown, Special Pathology and Therapeutics.
Charles Baker, Materia Medica.
A. R. Morgan, Theory and Practice.
Thomas Y. Kinne, Treatment of Surgical cases.
J. G. Bigelow, Obstetrics.

Dr. Wm. H. Hoyt, Diseases of Children.
B. B. Schenck, Diseases of Women.
Lyman Clary, Henry C. Hubbard and George H. Greeley, Prevailing Epidemics.
Wm. A. Hawley, Correspondence with life insurance companies respecting the appointment of homœopathic physicians as medical examiners.
A. R. Morgan, on Publication.

OFFICERS ELECTED MAY 2, 1865.

Dr. W. Henry Hoyt	Syracuse.....	President.
Joshua G. Bigelow..	do	Vice President.
William A. Hawley .	....	Sec'y and Treasurer.

CENSORS.

Dr. A. R. Morgan	Syracuse..... ...	Onondaga county.
B. B. Schenck	Plainville	do
Henry C. Hubbard..	Scott.....	Cortland county.

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. W. Henry Hoyt, Dr. A. R. Morgan,
Dr. W. R. Brown.

DELEGATES TO THE ONEIDA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. W. Henry Hoyt, Dr. H. V. Miller.

DELEGATES TO THE OSWEGO COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. J. G. Bigelow, Dr. A. R. Morgan.

DELEGATES TO THE CAYUGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. L. Clary, Dr. H. C. Hubbard.

DELEGATES TO THE WAYNE COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. R. D. Rhodes, Dr. Jay W. Sheldon.

COMMITTEES.

Dr. B. B. Schenck, Special Pathology and Therapeutics.
J. G. Bigelow, Materia Medica.
H. C. Hubbard, Theory and Practice of medicine.
C. H. Weaver, Surgery.
Lyman Clary, Obstetrics.
R. D. Rhodes, Diseases peculiar to Women.
H. V. Miller, Prevailing Epidemics.

HONORARY MEMBERS.

Dr. L. B. Wells	Utica	Oneida county.
J. C. Raymond	do	do
G. B. Palmer.....	East Hamilton.....	Madison county.
T. Dwight Stow	Fulton.....	Oswego county.
D. I. Chaffee	Palermo	do
H. Barton Fellows ..	Sennett.....	Cayuga county.

MEMBERS.

Dr. Lyman Clary.....	Syracuse.....	Onondaga county.
W. Henry Hoyt	do	do
Joshua G. Bigelow..	do	do
William A. Hawley.	do	do

Dr. Tho. Y. Kinne	Syracuse.....	Onondaga county.
H. V. Miller.....	Memphis	do
Charles Baker.....	Fayetteville.....	do
Geo. H. Greeley	do	do
B. B. Schenck	Plainville...	do
Henry C. Hubbard ..	Scott.....	Cortland county.
A. R. Morgan	Syracuse.....	Onondaga county.
W. R. Brown	Homer.....	Cortland county.
Jay W. Sheldon	Syracuse.....	Onondaga county.
R. D. Rhodes.....	Marcellus.....	do
E. D. Leonard.....	Newbern.....	North Carolina.
C. H. Weaver	Camillus	Onondaga county.

The annual meeting is held on the first Tuesday of May; the semi-annual on the third Tuesday of October.

ARTICLE LXXIX.

Report of the Onondaga County Homœopathic Medical Society, comprising
A. Proceedings of the Semi-Annual Meeting, held October 18, 1864.
B. Proceedings of the Third Annual Meeting, held May 2, 1865.
By the Secretary, W. A. HAWLEY, M. D., of Syracuse.

A.

PROCEEDINGS OF THE SEMI-ANNUAL MEETING.

The regular semi-annual meeting of this society, adjourned from Oct. 18, 1864, was held at Syracuse, 25th October, 1864, 10 o'clock A. M.

The President, Dr. Wm. A. Hawley, called the meeting to order.

Present—Drs. W. H. Hoyt, J. G. Bigelow, L. Clary, Tho. Y. Kinne, A. R. Morgan, H. V. Miller, H. C. Hubbard, J. W. Sheldon and R. D. Rhodes. Also present, as delegates from other counties, Drs. L. B. Wells, J. C. Raymond and G. B. Palmer, of Oneida; Drs T Dwight Stow, and Chaffee, of Oswego, and Dr. Fellows, of Cayuga.

The minutes of last meeting read and approved.

On motion the regular order of business was suspended in order to listen to the reading of communications.

A communication was received from Dr. W. Warren, of Oneida, containing a report entitled "An accidental proving of Phytolacca decandra."

Dr. J. C. Raymond, of Utica, furnished the report of a case of congestion of the brain, with paralysis and death.

A communication from Dr. Caulkins, of Cayuga county, was read, giving his experience in medical practice before adopting homœopathy, and also his personal observation of medical practice as it now exists in the army.

Dr. C. W. Boyce, of Auburn, furnished an important article entitled "Observations on Spigelia."

The latter paper called out remarks from several of the members, who related their clinical experience with Spigelia.

Dr. Stow, of Fulton, gave the details of a very interesting cure of a case of chronic ophthalmia, with severe neuralgic pain and partial opacity of the cornea, which, after resisting for several weeks, the treatment by the ordinary remedies, yielded promptly; in one or two days, to Spigelia.

On motion of Dr. Hoyt, the following preamble and resolutions were adopted:

Whereas, It has been repeatedly stated by opponents of our school, that several of the Life Insurance Companies decline appointing, as medical examiners, physicians who are engaged in the practice of homœopathy, and

Whereas, Said report is derogatory to the dignity, honor and ability of a large and influential body of intelligent men, members of the regular medical profession; therefore, be it

Resolved, That a committee be appointed to confer with any such Life Insurance Companies transacting business in the State of New York, for the purpose of ascertaining the truth or falsity of said statement.

Resolved, That silence in regard to the above query, upon the part of any of the interrogated Companies shall be deemed as presumptive evidence of the truth of said report, so far as each delinquent is concerned.

Resolved, That said committee be and hereby are instructed to report the results of said correspondence to the New York State Homœopathic Medical Society, at their next annual meeting in February, 1865, for consideration and action.

Dr. Wm. A. Hawley was, on motion of Dr. Hoyt, appointed said committee.

Adjourned until two o'clock.

AFTERNOON SESSION.

A communication was received from Prof. Carroll Dunham, announcing the forthcoming work on Materia Medica, and urging upon the members of this Society immediate co-operation by sending their subscriptions to the author, 112 North Twelfth street, Philadelphia.

Dr. Dunham, P. P. Wells and B. Fincke have been appointed a special committee to revise the German text into English.

Dr. Morgan moved the following resolutions:

Resolved, That while we hail with satisfaction the announcement that a new Materia Medica, by that most competent homœopathic physician, Constantine Hering, M. D., is nearly ready for the press, we regard the proposition to print the same matter twice, or English and German "in opposite columns," with regret, deeming it undesirable and inexpedient, inasmuch as it involves an enormous increase in the cost, and will result in an unwieldly and cumbersome work, thus necessarily retarding its sale and limiting its usefulness.

Resolved, That we have entire confidence in the faithfulness of the Executive Council of the Homœopathic Publication Society, organized at Philadelphia, June 1st, 1864, under whose supervision the work is to be issued, and in their ability to give us accurate translations of German provings, and that an edition in the English language alone is very desirable. Adopted.

Dr. Bigelow moved that a contribution of one dollar be solicited from each member to defray the expenses of the society. Adopted.

The following resolutions were then moved and adopted:

Resolved, That we are in favor of a re-organization of *The American Institute of Homœopathy*, so as to make it a delegated body, representing State and county societies.

Resolved, That at the next session of said American Institute, all members of the Onondaga County Homœopathic Medical Society, who are now members of the former body, be instructed to use their influence in conformity with the above resolution.

E. D. Leonard, M. D., was elected a member of the society.

The following gentlemen were elected honorary members of the society: Drs. Wells, Raymond, Palmer, Chaffee, Stow and Fellows.

Dr. Morgan presented a report on the Homœopathic Theory and Practice.

Dr. Schenck read a novel and interesting report describing a case of "incongruous twinning," one child being born forty-five days after the other—both now living.

Dr. Sheldon also presented a detailed report corroborating the above report of Dr. Schenck.

Dr. Hubbard read a remarkable proving upon himself of "electro-mag. netism."

Dr. Hoyt read a report on diseases of children, also, report of a case of poisoning by "red vulcanite."

Dr. Stow gave an account of several important and interesting clinical cases from practice, which drew forth an animated discussion.

Dr. Wells, of Utica, read an able report on "high potencies," which elicited remarks from several members, highly commendatory of the high attenuations.

Dr. Palmer presented an instructive paper describing a clinical case from his own practice.

Prof. Carroll Dunham forwarded a paper entitled "Pathognomonic Symptoms and Characteristic Symptoms," in which he maintained with his accustomed ability, the position that pathological distinctions were inferior to characteristic symptoms, as a guide in therapeutics.

The President read a well digested original essay on the alternation of remedies—assuming that the question was not yet settled.

On motion of Dr. Clary, the Secretary was appointed a committee on publication.

The following members were duly appointed delegates to other county societies, viz:

DELEGATES TO ONEIDA COUNTY.

Dr. Clary, Dr. Bigelow.

DELEGATES TO OSWEGO COUNTY.

Dr. Morgan, Dr. Miller.

DELEGATES TO CAYUGA COUNTY.

Dr. Hawley, Dr. Hoyt.

DELEGATES TO WAYNE COUNTY.

Dr. Kinne, Dr. Sheldon.

The thanks of the society were extended to those gentlemen from other localities who had kindly favored us with their presence and their valuable communications.

The society then adjourned to meet at Syracuse on the first Tuesday in May, 1865, at 10 o'clock A. M.

B.

Proceedings of the Third Annual Meeting.

The third annual meeting of this Society convened at Syracuse, on Tuesday, the second day of May, 1865, at 10 o'clock A. M., the president, Dr. Hawley, in the chair.

On calling the roll, the following gentlemen answered to their names:

Drs. A. R. Morgan, W. H. Hoyt, W. A. Hawley, L. Clary, of Syracuse; J. G. Bigelow, George H. Greely, R. D. Rhodes, J. W. Sheldon.

The minutes of the last meeting were read and adopted.

The application of Dr. C. H. Weaver, of Camillus, was received, and after due consideration, he was elected a member of the Society.

The following gentlemen were present as honorary members and representatives of other societies: Oswego County Homœopathic Medical Society—Drs. T. D. Stow and D. J. Chaffee; Cayuga County Homœopathic Society—Dr. H. B. Fellows.

On motion of Dr. Clary, they were invited to take part in the exercises.

Dr. Hawley, as special committee on life insurance, reported that he had performed the duties assigned him at the last semi-annual meeting, and had reported, as he was instructed, to the State Society.

Dr. Morgan moved that the report be accepted and the committee discharged. Carried.

Dr. Morgan, as committee on the theory and practice of medicine, read a very interesting paper entitled, "A glance at the dangers that beset us."

Dr. Hubbard, as committee on epidemics, reported on "Epidemics in Cortland county."

Dr. Fellows read an interesting paper on Potencies.

Drs. Stow and Chaffee made verbal reports of interesting cases which had come under their own observation.

The Society then adjourned for dinner.

Afternoon Session.

On reassembling after dinner, Dr. L. B. Wells, of the Oneida County Society, and Dr. C. W. Boyce, of the Cayuga County Society, appeared and were invited to join in the deliberations of the meeting.

A communication was read from Dr. Foote, of Franklin county, entitled, "A case of diphtheritic inflammation of the uterus."

Dr. Hawley reported a case of extensive diphtheritic exudation upon the mucous surfaces of the vagina and vulva, extending entirely across the perineum, while the throat and air-passages were wholly unaffected. The case was that of a child between two and three years old, and proved fatal.

Dr. Fellows spoke of a case of diphtheria, in which pseudo membranes were discharged from the vagina.

Drs. Wells and Fellows both spoke in praise of the phytolacca decandra in diphtheria, especially when there is a great deposit of pseudo membranes, with much soreness of the throat and pain in the hips extending down the thighs.

Papers were read from Drs. Bruchhausen, of Norwich, and Bishop, of Lockport.

A report was also read from Dr. Munger, of Oneida county, of the cure of two cases of scrofulous ophthalmia by high potencies, after they had long resisted allopathic treatment and homœopathic remedies in low attenuations.

He also reported the cure of hydrocele in a child, by high potencies.

Dr. Wells gave interesting accounts of the cure of purpura haemorrhagica, by phosphorus^{200}.

Dr. Boyce's reports of cures made by the two hundredth potency, were exceedingly interesting.

The annual address was then delivered by the president, Dr. Hawley, in which he showed that the meetings of the Society might be rendered of greater importance and utility to the members and to the profession at large.

The following gentleman were elected officers for the ensuing year:

Dr. W. Henry Hoyt.....	President.
J. G. Bigelow.....	Vice-President.
W. A. Hawley.....	Secretary and Treasurer.

CENSORS.

Drs. A. R. Morgan, B. B. Schenck, H. C. Hubbard.

The following committees were appointed by the chair:

Dr. B. B. Schenck, Special Pathology and Therapeutics.
J. G. Bigelow, Materia Medica.
H. C. Hubbard, Theory and Practice of Medicine.
C. H. Weaver, Surgery.
L. Clary, Obstetrics.
R. D. Rhodes, Diseases of Women.
H. V. Miller, Prevailing Epidemics.

Dr. A. R. Morgan was appointed to deliver the address at next semi-annual meeting.

The following delegates to other societies were appointed:

ONEIDA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Hoyt, Dr. Miller.

OSWEGO COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Bigelow, Dr. Morgan.

CAYUGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Clary, Dr. Hubbard.

WAYNE COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Rhodes, Dr. Sheldon.

A vote of thanks was unanimously tendered to the representatives of other societies for the interest which their presence and remarks had given to the meeting.

The society then adjourned, feeling that the meeting had been one of unusual profit and interest to all present.

ARTICLE LXXX.

Tabular List of Physicians in Onondaga County, N. Y., from 1842 to 1865.

Name.	Com'enced practice of Homœopathy.	System first adopted.	Where Graduated.	Remarks.
H. Hull Cator.....	1842.....	Allo'thy	Geneva, N. Y....	Still in practice at Syra.
Erastus Humphreys.....	1843.....	do	Fairfield, N. Y (?)	Deceased.
E. H. Laman	1843.....	do	Geneva, N. Y.	
I. G. Loomis.....	1844.....	do	Fairfield, N. Y....	Deceased.
L. M Tracy	1844.....	do	Fairfield, N. Y.(?)	Removed to Mil., Wis.
Lyman Clary.....	1845.....	do	Pittsfield, Mass ..	Still in practice at Syra.
E. T. Richardson.....	1845.....	do	Col.Phy.&Sur.N Y	Removed to Brooklyn,N.Y.
Lewis McCarty.....	1845.....	do	*.	Deceased.
Elisha Roberts	1845.....	Hom.	Castleton, Vt	Deceased.
George Hurd.....	1846.....	All.	*..... ...	Deceased.
S. Seward	1846.....	do	Fairfield, N. Y....	Still in prac., Syra., N. Y.
L. B. Wells	1846.....	do	*.....	Removed to Utica, N. Y.
H. Doty	1846.....	do	*.....	Removed to Delaware Co.
L. B. Hall.....	1846.....	.....	Pittsfield, Mass ..	Deceased.
W. Henry Hoyt	1846.....	.....	Castleton, Vt.....	In practice at Syra., N. Y.
E. D. Williams	1847.....	.....	*.....	Unrecognized.
C. W. Boyce	1847.. ..	.....	Hom.M. Col. N.Y.	In practice at Auburn,N.Y.
C. M. Dake.....	1849.....	.....	Geneva, N. Y	Geneva, N. Y.
J. G. Bigelow.....	.....	.....	Hom.M. Col. Phil.	In practice, Syra., N. Y.
Geo. F. Foote	1850.....	All.	Geneva, N. Y	Cincinnati, Ohio.
Silas Bailey.....	1851.....	do	*.....	Toledo, Ohio.
W. L. Woodbury.....	1851.....	Hom.	*.....	In practice, Fulton, N. Y.
—— McGonegal.....	1852.....	do	University of N.Y.	In practice, N. Y. City.
W. R. Gorton	.....	do	*.....	In prac. Skaneateles, N.Y.
Chas. Baker	.....	do	*.....	Retired from practice.
A. R. Morgan.....	1852.....	do	Hom.M. Col. Phil.	In practice, Syra., N. Y.
Wm. A. Hawley.....	1853.....	All.	Albany, N. Y	In practice, Syra., N. Y.
F. Bigelow.....	1853.....	Hom.	Hom.M. Col. Phil.	In practice at Toledo, O.
—— Hurd	1854.....	do	*	In practice at Roch., N.Y.
Mortimer Slocum.....	1855.....	do	do do	Removed West.
Chas. F. Butler	1858.....	do	do do	Deceased.
H. V. Miller.....	1861.....	do	Hom.M. Col. N.Y.	Practising, Memphis, N.Y.
E. D. Leonard	1861.....	do	do do	Prac. at Fayetteville,N.Y.
P. Covill.....	1860.....	do	do Clev. O.,	Retired.
Albert W. Phillips	1861.....	do	do Chi. Ill.	Practising at Derby, Conn.
—— Painter	.....	do	do Clev. ..	Ohio.
Geo. H. Greely.....	1863.....	do	do N. Y. ..	Syracuse, N. Y.
J. M. Manwaring	1863.....	do	do do	U. S. A.
Chas. H. Weaver.....	1863.....	do	Jeff. School, Phil.	In prac. at Camillus, N.Y.
Tho. Y. Kinne.....	1863.....	do	Albany, N. Y	U. S. A., Asst. Surgeon.
J. W. Sheldon	1864.....	do	Hom.M.Col.Cl.O.,	In prac. as Syra., N. Y.

ARTICLE LXXXI.

Report on Clinical Medicine. Unequal Development of Twins. By Benjamin B. Schenck, M. D., of Plainville, N. Y.

The following narrative of a case from practice is one of more than usual interest on account of its rare occurrence:

Mrs F., aged thirty-six, a resident of this town, has borne nine children. In consequence of irregular menstruation she has never been able to determine the date of the commencement of gestation, except by means of the period of quickening. At the expiration of seven and a half months of the tenth gestation, she was delivered of a male child, weighing a little less

* The Secretary of the Onondaga County Homœopathic Medical Society was unable to ascertain (in time for this publication) the *alma mater* of the above physicians.

than four pounds. A child born next preceding this one was just two years of age. As was customary in previous confinements, the assistance of neighboring women only seemed necessary; the after-pains continuing, however, quite severe after the discharge of the membranes and placenta. On the following day the services of a physician were obtained, to whom she expressed a belief that still another child remained in the uterus. The physician assured her of the extreme improbability of such an occurrence. The lochial discharge soon appeared as in ordinary cases, but the secretion of milk was scanty, not sufficient to supply the demands of the infant. In less than one week she resumed accustomed duties about the house, not, however, without considerable inconvenience, produced by a sensation of a weight and oppression in the abdomen, greater than on any previous occasion.

At the expiration of forty-five and one-half days she was again seized with labor pains, and was soon delivered of a fine, healthy boy, weighing eight pounds.

Convalescence speedily ensued; an abundant secretion of milk supplied the wants of both the twins, the elder of whom, at this time, had increased in weight only a single ounce. He began to thrive rapidly, but now, at the expiration of one year, he is still inferior in size and appearance to his younger brother.

ARTICLE LXXXII.

Report on Clinical Medicine. Case of Phthisis Pulmonalis. By WILLIAM A. HAWLEY, M. D., of Syracuse.

I suppose every man who has undertaken to practice the art of healing, feels at times a want of satisfaction in the use of remedies, and a sense of uncertainty as to the curative action of drugs, such as to lead him sometimes, if not often, into a condition of skepticism in regard to medicine, which makes his daily labor a weariness to the flesh. Sometimes, however, he is permitted to witness such brilliant and indubitable effects that he gets courage, and strength with which to labor for many a common day. Not only does he find encouragement from such cases in his own experience, but it is an aid to his hope and a stimulus to his industry to get authentic accounts of the success of others. This consideration leads me to give you to-day a report of such a case from the records of my own practice.

On the 5th day of May, 1861, I was called to see E. S., a little girl of some nine or ten summers. An examination resulted in the following notes:

Great emaciation, with excessive paleness and dinginess of countenance; dullness on percussion, quite marked over part of the right lung, complete over the base, and slight over the upper lobe of the left lung; bronchial respiration at the upper part of both lungs, very marked in the right, with perfect silence at the base; respiration hurried and performed entirely by the chest muscles; hectic chill every day, followed by considerable fever; very profuse sweat during sleep day or night; listlessness, with no disposition to play like other children; tongue clean and pale; appetite varia-

ble; desire for acids; bowels regular; urine scanty and very high colored, with white mucous sediment on standing; pulse 124, very small; nails hooked, the fingers looking as if terminating in balls, very marked, a symptom, by the way, which is always regarded as certainly diagnostic of confirmed phthisis, and which I never before saw cured.

After a careful study of the case, I presented arsenicum 6 and phosphorus 6, in alternation, once in two or three hours. The next day, May 6th, I continued the same. Visiting her again on the 7th, and finding no improvement, I gave her sulphur[30] once in six hours, followed on the 9th by china[6] once in two hours for two more days, when the sulphur was resumed and continued to the 14th. Then, still getting no positive mitigation of the symptoms, and feeling that the indications were to control the extreme prostration and sweating if possible, I went back to arsenicum[6], once in two hours. This was continued with relief from the chills, and perhaps a little mitigation of sweating, up to the 20th. Still, there was no such improvement as to give me any encouragement, and, with the feeling that the case was almost if not utterly hopeless, I carefully re-studied it, and concluded to give her a single dose of sulphur[100], followed by sac. lac. once in two hours, and await the result. In a very few days I had the satisfaction of seeing a marked improvement. The sweating ceased, the lungs begun to be cleared out, and all the symptoms were so much improved that on the 28th she walked to my office, a distance of at least half a mile, and back. I continued the sac. lac. till the 1st of June, when the improvement seeming to have ceased, she took another dose of sulphur[200], with sac. lac., till the 6th, when, complaining of some return of the chills, a single dose of arsenicum[200], and repeated on the 11th, was the last medicine she had. About the 1st of July she was discharged cured. Her cough was gone, her respiration perfect, flesh restored, fingers tapered off nicely, nails straightened, and she was as playful as other children of her age. I have frequently seen her since, and to-day she is as healthy looking as any child you may meet.

This case seems to me to illustrate beautifully the wisdom of allowing remedies to exhaust their action before repetition in such chronic cases, as well as to demonstrate the efficacy of high attenuations, even when the lower have failed. It is to such cases as this that one can always look in hours of despondency and doubt and find encouragement for renewed application and labor. If it shall give like encouragement to any others, the object of this writing will have been fully accomplished.

ONTARIO COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

ARTICLE LXXXIII.

List of Officers, Delegates, and Members, 1864.

OFFICERS ELECTED OCTOBER 19, 1864.

Dr. O. E. Noble	.....	Penn Yan, President.
Samuel W. West	.....	Allen's Hill, Vice-President.
O. S. Wood	.....	Canandaigua, Sec'y and Treas.

CENSORS.

Dr. H. F. Bennett	.....	Canandaigua, Ontario county.
G. Z. Noble	.....	Dundee, Yates county.
H. W. Smith	.....	Rushville, do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. O. E. Noble, Dr. O. S. Wood.

HONORARY MEMBERS.

Dr. J. T. Patchen	.....	Fond-du-lac, Wisconsin.
M. Kingsley	.....	Kingsville, Ashtabula co., Ohio.

MEMBERS.

Dr. S. W. West	.....	Allen's Hill, Ontario county.
O. S. Wood	.....	Canandaigua, do
H. F. Bennett	.....	do do
J. H. Stebbins	.....	Geneva, do
M. W. Combs	.....	Taylorsville, do
O. E. Noble	.....	Penn Pan, Yates county.
G. Z. Noble	.....	Dundee, do
H. W. Smith	.....	Rushville, do

The annual meeting is held on the third Wednesday in October, and the semi-annual on the first Wednesday in June.

OSWEGO COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

84. List of Officers, Delegates, Committees, and Members, 1864–65.
85. Report of Oswego County Homœopathic Medical Society, comprising
    A. Proceedings of the Fourth Annual Meeting, held May 5, 1864.
    B. Proceedings of the Fourth Semi-Annual Meeting, held Dec. 13, 1864.
    C. Proceedings of the Fifth Annual Meeting, held May 9, 1865.
    By the Secretary, T. DWIGHT STOW, M. D., of Fulton.
86. Schedule of Prices for Medical Services adopted by the Society Jan. 1865.
87. Report on Clinical Medicine—Cases from Practice.
    By T. DWIGHT STOW, M. D. of Fulton.

ARTICLE LXXXIV.

List of Officers, Delegates, Committees, and Members, 1864–65.

OFFICERS ELECTED MAY 5, 1864.

Dr. William F. Rundell.....	Mexico,	President.
George D. McManus.....	Oswego city,	Vice-President.
T. Dwight Stow.....	Fulton,	Secretary and Treasurer.

CENSORS.

Dr. Ethan A. Potter.....	Oswego,	Oswego county.
Augustus Pool.....	do	do
George D. McManus.....	do	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. E. A. Potter, Dr. Wm. L. Woodbury, Dr. T. Dwight Stow.

COMMITTEES.

Dr. W. W. Rundell, Theory and Practice.
T. Dwight Stow, General and Special Pathology.
D. J. Chaffee, Materia Medica and Therapeutics.
F. W. Potter, Surgical Cases.
Augustus Pool, Obstetrics.
E. A. Potter, Potencies in Medicine.
George D. McManus, Diseases of Women and Children.
William L. Woodbury and Garret Smith, Prevailing Epidemics

OFFICERS ELECTED MAY 9, 1865.

Dr. Augustus Pool.....	Oswego	President.
David J. Chaffee ...	Palermo	Vice-President.
T. Dwight Stow...	Fulton	Secretary and Treasurer.

CENSORS.

Dr. E. A. Potter.....	Oswego City.....	Oswego county.
Augustus Pool.....	do	do
Geo. D. McManus..	do	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Drs. E. A. Potter, William L. Woodbury, T. Dwight Stow.

COMMITTEES.

Dr. W. W. Rundell, Theory and Practice.
T. D. Stow, General and Special Pathology.
David J. Chaffee, Materia Medica and Therapeutics.
F. W. Potter, Surgical Cases.
Augustus Pool, Obstetrics.
E. A. Potter, Potencies.
W. L. Woodbury, Prevailing Epidemics and Endemics.
Geo. D. McManus, Diseases Peculiar to Women and Children.

HONORARY MEMBERS.

Dr. William A. Hawley,	Syracuse.....	New York.
A. R. Morgan	do	do

MEMBERS.

Dr. Ethan A. Potter....	Oswego City	Oswego county.
Frank W. Potter...	do	do
Augustus Pool	do	do
Geo. D. McManus ..	do	do
William W. Rundell,	Mexico	do
David J. Chaffee ...	Palermo	do
Wm. L. Woodbury,	Fulton.....	do
T. Dwight Stow....	do	do
Garret Smith	Phœnix	do

The annual meeting is held on the second Tuesday of June, in Oswego; the semi-annual on the first Tuesday of October.

ARTICLE LXXXV.

Report of the Oswego County Homœopathic Medical Society, comprising:
A. Proceedings of the Fourth Annual Meeting, held May 5, 1864.
B. Proceedings of the Fourth Semi-Anuual Meeting, held December 13, 1864.
C. Proceedings of the Fifth Annual Meeting, held May 9, 1865.
By the Secretary, T. DWIGHT STOW, M. D., of Fulton.

A.

PROCEEDINGS OF THE FOURTH ANNUAL MEETING.

The fourth annual meeting of the Society was held at the office of Dr. Augustus Pool, in Oswego, on Thursday, May 5, 1864.

The meeting was called to order by the President, Dr. Pool, at 11 o'clock A. M.

On calling the roll, the following members responded to their names:

Dr. Augustus Pool	Oswego City.
E. A. Potter.....	do
G. D. McManus	do
W. W. Rundell	Mexico.
W. L. Woodbury	Fulton.
T. Dwight Stow.....	do
D. J. Chaffee.....	Palermo.

The following communication was presented and read:

SYRACUSE, *May 4th*, 1864.

"*To the President of the Oswego County Homœopathic Medical Society:*

The bearer, Dr. Wm. A. Hawley, President of the Onondaga County Homœopathic Medical Society, was regularly appointed as a delegate to represent this Society at your annual meeting, to be held May 5, 1864.

A. R. MORGAN, *Secretary.*"

On motion of Dr. Woodbury, the above communication was accepted, ordered to be placed on file, and Dr. Hawley was invited to participate in the deliberations of the meeting.

Dr. Stow reported several cases of malignant pustule and inflammatory rheumatism, a copy of which was requested for publication.

Dr. Potter, in an interesting address of considerable length, called attention to the customary practice of employing several remedies at the same time in various forms of acute diseases.

Remarks were made by Dr. Hawley respecting the repetition and alternation of remedies.

Dr. Stow requested leave of absence until the afternoon session. His request was granted.

On motion, Dr. McManus was appointed Secretary *pro tempore.*

Dr. W. L. Woodbury reported a case of diphtheria which presented some unusual and very singular features. He asked the opinion of his colleagues in reference to the treatment of the case. Dr. Woodbury said he was more and more confirmed in the view taken by homœopathic physicians in the early appearance of diphtheria, that it was not merely a local but constitutional disease, requiring remedies to meet the constitutional symptoms, so clearly apparent.

His observation of the allopathic treatment of this disease, for the past few months, plainly indicates that the once vaunted "*cauterium*" and other local means, so strongly insisted on in the early history of diphtheria, are fast losing the confidence of their former most zealous advocates.

Dr. Hawley, of Syracuse, called the attention of the Society, to the fact that a short time since a proposition had been made by parties in Oswego and Onondaga counties, to consolidate the two societies. Some correspondence had taken place between Drs. Potter, Clary, Stow, and the Secretary of the Onondaga County Homœopathic Medical Society, Dr. Bigelow. Dr. Stow had requested that some physician might represent the Onondaga Society at this meeting, and accordingly he had been appointed a delegate. He now wished that the proposition to consolidate might be considered and final action taken thereon.

Dr. Potter moved that this proposition be deferred for discussion until the afternoon session, and then be first in order of business. Carried.

On motion of Dr. Woodbury, the Society adjourned until 2 P. M.

AFTERNOON SESSION.

The meeting was called to order by the President at 2 o'clock P. M.

The minutes of the morning session were read.

Dr Hawley's proposition for consolidating the two societies was taken up and discussed.

Dr. Potter stated that erroneous ideas in reference to the subject under discussion had grown out of a conversation held between himself and Dr. Lyman Clary, of Syracuse. As he understood the matter, the proposition to which he had given his assent had reference to an entirely different arrangement, namely: that a "homœopathic union" should be formed of the homœopathic medical societies of the counties of Cortland, Onondaga, Cayuga, Oswego, and perhaps Oneida, but that such a union should not interfere with our county organizations. He would, therefore, present the following resolutions:

Resolved, That we hereby tender our kind regards to Dr. Hawley and to the Onondaga County Homœopathic Medical Society for the interest taken in our mutual welfare in delegating him to meet with us to-day, and for the offer made to merge the two societies into one organization.

Resolved, That while the proposed union would be mutually pleasant, and would doubtless promote our individual and local interests, we believe it is far more important to continue our present form of organization in order to sustain the State Homœopathic Medical Society in full force of legal effectiveness.

The resolutions were adopted, and the Secretary was requested to furnish a copy to the Homœopathic Medical Society of Onondaga county.

A circular letter issued by the Executive Committee of the State Homœopathic Medical Society, was read and ordered to be placed on file

Dr. Potter presented a report on "The Comparative Utility of Various Potencies," illustrated by several cases from practice.

Dr. Chaffee reported several exceedingly interesting cases of disease; also exhibited a specimen of a gelatinous concretion expectorated by a patient suffering from ulceration of the laryngeal or tracheal mucous membrane.

The report of the secretary was presented and accepted.

The report of the treasurer, for the year ending May 1, 1864, was read, accepted and adopted.

On motion, the secretary was requested to design and furnish a suitable seal for the use of the Society.

The following gentlemen were elected officers of the Society for the ensuing year:

Dr. Wm. W. Rundell, President.
G. D. McManus, Vice President.
T. Dwight Stow, Secretary and Treasurer.

CENSORS.

Drs. E. A. Potter, Augustus Pool, G. D. McManus.

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Drs. E. A. Potter, W. L. Woodbury, T. Dwight Stow.

MEDICAL COMMITTEES.

Dr. W. W. Rundell, Theory and Practice of Medicine.
T. Dwight Stow, General and Special Pathology.
D. J. Chaffee, Materia Medica and Therapeutics.
F. W. Potter, Surgical Cases.
Augustus Pool, Obstetrics.

Dr. E. A. Potter, Comparative Utility of High and Low potencies.
George D. McManus, Diseases Peculiar to Women and children.
Wm. L. Woodbury, Prevailing Epidemics.

Dr. E. A. Potter was appointed to deliver the address at the next annual meeting of the Society.

The minutes of the meeting were read and approved, after which the Society adjourned to meet in the evening to listen to an address by Dr. T. D. Stow.

EVENING SESSION.

Pursuant to adjournment, the members of the Society, with a highly respectable audience of ladies and gentlemen, assembled in the evening at the Commercial College to listen to an address by Dr. T. Dwight Stow, entitled "Medical Bigotry."*

At the conclusion of the address, a vote of thanks to the author, Dr. Stow, was adopted, and a copy requested for publication in the Transactions of the State Society.

The Society then adjourned to meet at Mexico, on the first Tuesday in December.

B.

PROCEEDINGS OF THE FOURTH SEMI-ANNUAL MEETING.

The fourth semi-annual meeting of the Society was held at the office of Dr. T. Dwight Stow, in the village of Fulton, on Tuesday, Dec. 13, 1864.

The meeting was called to order by the vice president, Dr. G. D. McManus, of Oswego.

On calling the roll, the following members were found to be present: Drs. E. A. Potter and G. D. McManus, Oswego City; D. J. Chaffee, Palermo; W. L. Woodbury and T. D. Stow, Fulton.

The minutes of the last meeting were read and approved.

Reports were presented by the following gentlemen, as members of standing committees:

Dr. Stow, on General and Special Pathology.

Dr. Chaffee, an interesting case of Necrosis with cancerous degeneration.

Dr. Potter, on High Potencies. This report clearly illustrated the utility of high potencies in some forms of disease. It was extremely interesting to those who are seeking light in this direction.

Dr. Woodbury, several cases of Diphtheria.

Drs. Potter and Stow were appointed a committee to prepare a historical sketch of the introduction and progress of homœopathy in Oswego county, for publication in the Transactions of the State Society.

The secretary presented and read a circular issued by the committee on publication of the State Homœopathic Medical Society.

The treasurer presented a report showing an indebtedness on the part of the Society of twenty-two dollars. The report was adopted and the debt canceled.

The secretary having been appointed a committee to procure a seal for the use of the Society, presented a report, which was adopted.

---

* See Transactions, Vol. 2, p. 246.

A schedule of fees for medical and surgical services was adopted, and each member of the Society was requested to post conspicuously, a neat and plainly printed copy at his place of business.

After the transaction of other business of merely local interest, the Society adjourned to hold its fifth annual meeting at the office of Dr. E. A. Potter, in the city of Oswego, on Tuesday, the second day of May, 1865.

C.

Proceedings of the Fifth Annual Meeting.

The fifth annual meeting of the Society was held at the office of Dr. E. A. Potter, in Oswego City, on Tuesday, May 9, 1865.

The meeting was called to order by the vice president, Dr. George D. McManus, at 1 o'clock P. M.

On calling the roll, the following gentlemen answered to their names: Drs. G. D. McManus and Augustus Pool, Oswego City; D. J. Chaffee, Palermo; T. D. Stow, Fulton.

Dr. A. R. Morgan, of Syracuse, delegate from the Onondaga County Homœopathic Medical Society, was invited to take part in the deliberations of the society.

The minutes of the last meeting were read and approved.

The President, Dr. W. W. Rundell, now appeared, and Dr. McManus yielded his seat.

The regular order of business was, on motion of Dr. Pool, suspended temporarily, in order to listen to a communication from Dr. Morgan. The Doctor read a letter from Dr. Charles Weaver, of Camillus, N. Y., proposing to supply homœopathic physicians in Central New York, with reliable high potencies. He next read an article on "Dose, or Potency," by Dr. Fellows, of Cayuga county; also, from his own pen, an article entitled "The Dangers which Beset us."

Business being resumed in order; the following communications were read by the Secretary.

Dr. E. R. Heath on "Mercurius corrosivus."

Dr. Woodward Warren of Boonville, Oneida county, "Accidental proving of Phytolacca decandra."

These articles were copies of monographs forwarded for the benefit of this society, by Dr. Horace M. Paine, of Albany.

A communication from the President was read and ordered to be placed on file.

The following gentlemen were elected officers for the ensuing year:

Dr. Augustus Pool, President.

Dr. David I. Chaffee, Vice-President.

Dr. T. Dwight Stow, Secretary and Treasurer.

CENSORS.

Dr. E. A. Potter, Dr. A. Pool, Dr. G. D. McManus.

The terms of service of delegates elected to the fourth annual meeting of the State Society not having expired, no new appointments were made.

The President, Dr. Rundell, appointed the following gentlemen delegates to other societies.

ONONDAGA COUNTY SOCIETY.

Dr. George D. McManus, Dr. David I. Chaffee.

ONEIDA COUNTY SOCIETY.

Dr. Augustus Pool, Dr. T. D. Stow.

Dr. Pool reported a very interesting "Case of Obstetrics," which elicited remarks and statements of cases from Drs. Morgan, Chaffee and McManus.

Dr. Chaffee reported an interesting case from practice.

The Secretary was authorized to change the order of business as follows:

1. Calling to order and opening of the meeting.
2. Calling the Roll.
3. Reading and adoption (or rejection) of the minutes of last meeting.
4. Special business for which the meeting may have been called.
5. Communications from the President.
6. Candidates proposed for membership.
7. Reading and adjusting of Treasurer's account, and all or any questions of finance.
8. Election of officers.
9. Unfinished business.
10. Reports of special committees.
11. Reports of standing committees.
12. Miscellaneous business.
13. Adjournment.

Dr. Chaffee gave notice in writing, that at the next annual meeting he should move to amend the Constitution, so as to provide for holding the semi-annual meetings of this society on the first Tuesday of October of each year, and in the village of Fulton.

The report of the Treasurer was then audited and accepted, and an assessment of $2.10 made upon each member of the society, excepting the president, for the purpose of liquidating the expenses of the society. The whole amount of indebtedness reported is $16.80.

An assessment of fifty cents was also made upon each member of the society, for defraying the society's annual indebtedness to the State Society.

On motion by Dr. Stow, it was unanimously

Resolved, That the thanks of this society be tendered to Dr. A. R. Morgan for interesting and valuable papers read and presented at this meeting, and that he be constituted an honorary member of this society.

The society then adjourned, to meet at the office of Dr. Stow, in the village of Fulton, on Tuesday, October 3, 1865.

ARTICLE LXXXVI.

Schedule of Prices for Medical Services, adopted by the Homœopathic Medical Society of Oswego County, January 1, 1865.

Office consultation.....	50 cts. to $1 00
Office consultation and examination of heart and lungs.	1 00

Visit in city or village	$1 00 to 1 50
Advice to each additional patient in the family	50 cts. to 1 00
Detention per hour, after first half hour,	50 cts. to 1 00
Country business first mile from office (Oswego city)	$1 00 to 1 50
Each additional mile	25 to 50 cts.
Other localities in county, first mile	25 to 50 cts.
Each additional mile	25 cts.
Railroad travel (absent all day)	$15 00
Railroad travel (absent half a day)	8 00
Railroad travel (absent quarter of a day)	5 00
Vaccination	1 00
Visit in consultation	3 00
Obsteteric attendance	$8 00 to 15 00
Opening common abcess	50 to 75 cts.
Dressing common wounds	$1 00
Introducing catheter	$1 00 to $3 00

Charges for surgical cases discretionary with the physician.
Night business, after 10 o'clock, double rates.

W. L. Woodbury,	E. A. Potter,
G. D. McManus,	F. W. Potter,
D. J. Chaffee,	Gerrit Smith,
T. Dwight Stow,	Augustus Pool.

ARTICLE LXXXVII.

Report on Clinical Medicine. Cases from Practice. By T. Dwight Stow, M. D., of Fulton, N. Y.

Case I.—*Gunshot Wound in the Chest.*

During the battle of Fair Oaks, Va., May 31, 1862, and while our forces were being pressed back before the rebel advance, into a piece of wood, my attention was attracted by the call of Doctor! Doctor! I looked in the direction of the sound, and saw a file or two of men bearing the body of Lieut. Col. Jacob J. DeForest, of the 81st N. Y. Volunteers, and beckoning me to come to them, which I did.

The Colonel had received a terrible wound, made by a musket ball, in the left side of the chest, about one and a half inches above and one inch to the left of the nipple, passing directly through and emerging near the inner border and lower angle of the left scapula. It bled profusely, the jets being enlarged and lengthened with each inspiration, and pained him terribly. I took from my pistol holster an instrument about eight or nine inches in length, three inches of which was made of brass, and inserted the brass extremity its entire length into the wound. This satisfied me that the ball had passed into and through the entire lung. He requested me to remain with him until he had been taken to a place of safety, where medical aid could be had. I did so, but we had to carry him, first for a mile and a half on muskets, and then about three quarters of a mile on a litter, to the field hospital. Here I left him, bidding him, as I supposed, a *last farewell*, and returned to look up my company and regiment. The Colonel

recovered after some six months illness, and is now quite well and in the field.

At a village festival, in honor of some military or benevolent enterprise, I stated this to several persons present, among whom was a retired physician—our ex-representative in Congress—Hon. M. L. Lee, who very coolly and haughtily denied the possibility of such an occurrence. After the Colonel's case I saw and heard of some four or five similar ones, where recovery took place.

CASE II.—*Gunshot Wound in the Chest.*

On Sunday evening, November 26, 1864, upon previous invitation, I went to the residence of James Cole, in our village, where I was introduced to Mr. James M. Talcott, formerly a private of the 34th N. Y. regiment of infantry, and now a member of the —— Light Artillery, before Richmond, Va. Said Talcott was shot through the left breast and lung, at the engagement of Cold Harbor, Va., on June 2d, 1864. The ball entered the chest between the sixth and seventh ribs, one inch and a half to the left and above the left nipple. Passing obliquely upward, it emerged at or very near the superior angle of the left scapula. Respiration forced the blood and the dressings from the wound. He coughed and expectorated much mucus, and mucopurulent and sanguineous sputa. He was in hospital six months. Both orifices of the wound have neatly healed, and the sound, on percussion, is quite clear and resonant. Auscultation reveals a purring, bubbling rale. There is much soreness on pressure and percussion. His pulse, tongue, appetite, and functions generally, are regular and normal, and he bids quite fair to live, with *care* on his part, many years. But talking, walking, and excitement tire him easily He says that he was "put through" old school style while in the hospital, and *sadly* felt the need of homœopathic treatment. I have been led to report these cases, mainly to refute the insulting answer of Dr. Lee, and also to show that gunshot wounds penetrating the chest and lungs are *not necessarily* fatal.

CASE III.—*Malignant Pustule.*

Early in the month of May, 1860, a young man, while shingling for me, called my attention to a minute pimple, resting on an inflamed base, near the left angle of his upper lip. He said that it stung, burned, ached, and throbbed, and that he felt chilly. I remarked that he had better work within doors and not without, as the day was blustering, cold, and damp. For three days after this interview he did not resume his work. On the morning of the fourth day I was called to see him. He had been under alopathic treatment since I saw him last; had taken twelve large cathartic pills, with but little or no operation. He had also taken two emetics, had his lip thoroughly poulticed and then washed with a strong solution of acetate of lead. The young practitioner who was first called, treated his case as a common phlegmon. Finding his patient fast failing, he called his father (one of the most heroic of "heroic practitioners,") who, on stepping into the room exclaimed: "*God! that aint a boil;* that's malignant erysipelas!" and fell to applying the lead lotion, and giving brandy.

On my first visit I observed the following symptoms: The whole upper

lip was intensely tumefied to the thickness of a plump inch; of a dark blue color, and secreting all along its inner surface a thin, fetid, and grumous fluid; the gums partook of the general hue; the face intensely swollen and disfigured, and the left eye completely closed; the integment of the whole face was red, smooth, and shining. He complained of a burning, stinging, throbbing, and tensive pain, and was quite inclined to delirium. Pulse 112 to 120; respiration hurried and somewhat labored; great jactitation. Prescribed belladonna and rhus-tox[6] every two hours. Called at 8 P. M. and found him somewhat improved. On the following morning, and after continuing the rhus during the night, I found him just about as I left him the previous night. Gave ars.[6] in aqueous solution every three hours. In the afternoon I was called in haste and found him rapidly failing, yet he was quite strong; was delirious; tried to escape, and struck about him wildly. It required two persons to hold him up in the chair. I gave belladonna[6] and lachesis[12] alternately, every half hour. He died within two hours; the most frightful and ghastly looking corpse that I ever saw.

Case IV.—*Malignant Pustule.*

A young married man, of some twenty-three years of age, of sanguine, nervo-bilious temperament, called on me for medical aid in May or June last. His mother had a cancerous cachexy, which, through development, carried her out of the world, and who has an elder brother now confined to his bed with recto-vesical fistula. He had chills, fever, headache, nausea and vomiting, lassitude, aching of the long bones, wandering, shooting pains, dullness and drowsiness. On the right side of the upper lip was a minute vesicle on a highly inflamed base. The lip was badly swollen, tender, and of a bluish red; pulse very much depressed, small and frequent. Prescribed aconite, rhus-tox, each of the sixth potency, and in aqueous solution, alternately, at intervals of two hours. At 6 p. m. found him worse, the lip having a greyish blue color, and the depression and drowsiness increasing, but less fever. Alternated arsenicum[6], and belladonna , at intervals of two hours during the night. In the morning found him little or no better. His lip frightfully swollen, livid and red. He was gloomy and a cold perspiration stood upon his forehead, lip and nose. His friends were very anxious. Prescribed arsenicum third decimal trituration every two hours. Called again at 4 p. m. and found him decidedly better. Dropped in at 9 p. m. and found him still improving (having given arsenicum[3] during the day). Continued arsenicum[3]. The patient improved rapidly, and I dismissed him as cured on the morning of the fifth day.

Case V.—*Chronic Diarrhœa.*

Young lady, about sixteen years of age, of a decidedly nervous temperament, spare and light. She had lienteria for at least six months prior to May 1st, 1864. Food came away almost as it was swallowed. She complained of a burning and distress in the stomach and bowels, immediately after partaking of any food, and burning in the rectum during defecation. She had a nightly diarrhœa, the stools differing one from another in color. She became greatly emaciated, and appeared to be sinking rapidly. I do not recollect all of the symptoms, but recollect the result clearly. I pre-

scribed eight powders of arsenicum[30] and four powders of pulsatilla[30], to be taken as follows : arsenicum at 10 a. m. and 4 p. m., and one powder of pulsatilla on retiring. *Two-thirds of the prescription entirely cured her, and she has remained well ever since.*

CASE VI.—*Acute Metritis, Vicarious Menstruation.*

Young woman, of sanguine bilious temperament, aged twenty-two years, was attacked with what then appeared to be a rheumatico-bilious fever which developed itself in about four days as a decidedly inflammatory articular rheumatism. She had fever, thirst, accelerated pulse, dyspnœa, constant nausea, drawing and crampy pains here and there, with sweating. Her tongue was furred thickly, a whitish yellow. She was completely helpless, shrank from the slightest touch. At about the fifth day, there arose tumefaction in the hypogastrium with extreme tenderness on pressure, and a slight sanguineous vaginal discharge. Coughing, moving in bed, and even the pressure of the clothing excited intense pain and even slight uterine contractions. Prior to this, I gave bryonia[12], occasionally interpolating aconitum when the fever and anguish increased. I now gave belladonna[30] every two hours, and a dose of aconite at the end of every fifth hour. An examination, per vaginam, revealed a swollen, hot and hard neck and lips of the uterus, the swelling extending to the fundus. She remained in this condition for two days, with slight delirium. I then alternated bryonia[6] with belladonna[30]. In a few hours improvement took place. For some time I visited her only once in three days. It was nearly time for menstruation to occur when these symptoms arose. Being called again in great haste, I found her suffering from copious nasal hemorrhage. She bled nearly two quarts and looked like a corpse. Her pulse was thread-like and quick; her tongue, now quite clean, looked pale. During the hemorrhage I gave hamamelis virginica, five or eight drops of the tincture in one half glass of pure water : a large spoonful every fifteen minutes, with nasal injections of the same. I remained all night, administering china[3] every three hours. She had three more attacks of hemorrhage within twenty-four hours varying from a pint to a gill. I made up my mind that she would die in spite of everything. I continued the administration of china[6]; also recommended beef tea. She gradually recovered, but with a strong tendency to perspiration and a slight fever. At or near the expiration of the twelfth or fourteenth day, a copious eruption of an urticarious character appeared all over the back, neck, upper part of chest and thighs. I now felt very much relieved. The eruption remained some three days, gradually fading, until it wholly disappeared. She constantly improved until I dismissed her wholly cured. Some ten years before, this young lady lost a sister from nasal hemorrhage.

OTSEGO COUNTY HOMŒOPATHIC MED. SOCIETY.

Article 88. List of Officers, Delegates, Committees and Members, 1864–65.
89. Report of the Otsego County Homœopathic Medical Society, comprising
A. Proceedings of the Fourth Annual Meeting, held June 8, 1864.
B. Proceedings of the Fifth Annual Meeting, held June 14, 1865.
By the Secretary, S. C. WARREN, M. D., of Otego.
90. Report on Clinical Medicine. Case of Paralysis caused by Suppression of Measles. By SOLOMON C. WARREN, M. D , of Otego.

ARTICLE LXXXVIII.

List of Officers, Delegates, Committees and Members, 1864–65.

OFFICERS ELECTED JUNE 8, 1864.

Dr. James H. Foote.....	Franklin.....	President.
Erastus B. Warren..	Middlefield.....	Vice President.
Solomon C. Warren..	Otego	Secretary and Treas.

CENSORS.

Dr. Merritt Matteson ..'.	Morris.....	Otsego county.
Erastus B. Warren..	Middlefield.....	do
Norman Getman....	Richfield Springs	do

DEMEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Drs. Merritt Matteson and Norman Getman.

DELEGATES TO THE ONEIDA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Drs. J. R. White and S. C. Warren.

COMMITTEES.

Drs. N. Getman and M. Matteson, Epidemics.
S. C. Warren and T. S. Blodgett, Theory and Practice.
C. W. Fox and M. J. Matteson, Surgery.
E. B. Warren and C. W. Fox, Drug Proving.
J. H. Foote and E. B. Warren, Diseases of Women.

OFFICERS ELECTED JUNE 14, 1865.

Dr. James H. Foote	Franklin.....	President.
Erastus B. Warren..	Middlefield.....	Vice President.
J. Ralsey White....	Butternuts.....	Secretary and Treas.

CENSORS.

Dr. J. T. Wallace	New Berlin	Chenango county.
R. E. Miller.....	Oxford	do
Norman Getman....	Richfield Springs... ..	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Norman Getman. Dr. T. S. Blodgett.

DELEGATE TO COUNTY MEDICAL SOCIETY.

Dr. Solomon C. Warren.

COMMITTEES.

Drs. E. B. Warren and R. E. Miller, Epidemics.
N. Getman and T. S. Blodgett, Materia Medica.
J. Ralsey White and C. W. Fox, Surgery.
S. C. Warren and M. M. Matteson, Obstetrics.
James H. Foote, Diseases peculiar to Women.
J. T. Wallace, Clinical Medicine.

HONORARY MEMBERS.

Dr. Theodore C. White..	Rochester.....	Monroe county.
Casper Bruchhausen,	Norwich.....	Chenango county.

MEMBERS.

Dr. J. Ralsey White....	Butternuts.....	Otsego county.
Charles W. Fox	Morris	do
Merritt Matteson ...	do	do
Erastus B. Warren..	Middlefield.....	do
Solomon C. Warren .	Otego.....	do
T. S. Blodgett.....	Cooperstown	do
Norman Getman....	Richfield Springs.....	do
J. T. Wallace	New Berlin	Chenango county.
R. E. Miller.....	Oxford	do
James H. Foote ...	Franklin	Delaware county.

The annual meeting is held on the second Wednesday of June; the semi-annual in December or January.

ARTICLE LXXXIX.

Report of the Otsego County Homœopathic Medical Society, comprising
A. Proceedings of the Fourth Annual Meeting, held June 8, 1864.
B. Proceedings of the Fifth Annual Meeting, held June 14, 1865. By the Secretary, S. C. Warren, M. D., of Otego.

A.

Proceedings of the Fourth Annual Meeting.

The fourth annual meeting of the Otsego County Homœopathic Medical Society was held at General Brown's Hotel, Cooperstown, on Wednesday, June 8, 1864. The President, Dr. J. H. Foote, in the chair.

The meeting having been called to order by the president, the roll was called and the following gentlemen answered to their names: Drs. J. R. White, Butternuts; Charles W. Fox, Morris; J. H. Foote, Franklin; E. B. Warren, Middlefield; M. Matteson, Morris; S. C. Warren, Otego; T. S. Blodgett, Cooperstown; N. Getman, Richfield Springs.

The minutes of the last meeting were read and approved.

Dr. Blodgett presented the name of Dr. Ira C. Owen, of Sherburne, as candidate for membership, and, by vote of the society, the secretary was requested to notify him of his nomination, also of the time of holding the next meeting, and invite him to be present.

Dr. N. Spencer, of Winfield, was also proposed for membership, and the secretary directed to notify him in like manner.

Dr. Theodore C. White, of Rochester, being present, was elected an honorary member by ballot.

Dr. E. R. Hayden having made application by letter for a diploma, it was granted by a vote of two thirds present, and the secretary ordered to prepare one for the proper signatures.

Dr. Blodgett, committee on epidemics, reported several cases of "Bilious Pneumonia" successfully treated with phosphorus and mercurius.

Dr. S. C. Warren reported several cases of the same disease treated by the same remedies, together with rhus tox., arsenicum and carbo veg.

It was remarked by several physicians present that bilious pneumonia had prevailed to a considerable extent in their several localities.

Dr. White reported several cases of "Anasarca following Scarlatina," successfully treated with hellebore, arsenicum and apis mel.

Dr. White presented a very interesting case of "Pemphygus," reported in writing by Dr. Bruchhausen, of Norwich. The patient had been under the best allopathic treatment in the country for several months without any improvement, and was cured in three months by the use of the following remedies: Rhus tox., pulsatilla, belladonna, hepar sul., calcarea and aconite.

Dr. Foote reported in writing several cases of "Ulceration of the Uterus," together with the remedies made use of.

The report showing the sum of fifty cents remaining in the treasury after the payment of all the debts of the society, was received and placed on file.

On motion of Dr. S. C. Warren, a tax of fifty cents was levied upon each member, to be paid to the treasurer of the State Medical Society. The tax was paid by all the members present, and the secretary directed to notify those absent of their indebtedness, and request them to forward the amount due to the secretary.

The next annual meeting of the society was appointed, by a vote of two-thirds of the members present, to be held at Morris.

The following committees were then appointed by the president:

Drs. N. Getman and M. Matteson, Epidemics.
S. C. Warren and T. S. Blodgett, Theory and Practice of Medicine.
C. W. Fox and M. J. Matteson, Surgery.
E. B. Warren and C. W. Fox, Drug Proving.
J. H. Foote and E. B. Warren, Diseases Peculiar to Women.

The society then proceeded to the election of officers for the ensuing year, with the following result:

J. H. Foote, M. D.....	President.
E. B. Warren, M. D.....	Vice-President.
S. C. Warren, M. D.....	Secretary and Treasurer.

CENSORS.

Dr. M. Matteson, Dr. E. B. Warren, Dr. N. Getman.

The question of appointing delegates to the State Homœopathic Medical Society then came up. Dr. S. C. Warren contended that the term of service of the present delegates had not yet expired, but the majority decided that it was time to appoint new ones, and accordingly the president designated Drs. M. Matteson and N. Getman delegates.

Dr. J. R. White was appointed delegate to the Oneida County Society.

Dr. J. H. Foote was appointed to deliver the next address.

Dr. Getman was excused from paying the fine for non-attendance on account of not having been informed of the regulation of the society respecting non-attendance.

On motion of Dr. S. C. Warren, it was decided that the article regulating the fine for non-attendance shall be strictly adhered to; and that hereafter, on the failure of any member to attend a regular meeting, when duly notified by the secretary, he shall pay a fine of one dollar into the treasury of the society.

A long discussion on diphtheria followed, after which several members reported various methods of treatment which had proved more or less successful.

Several interesting cases from practice were reported by different members, after which the society adjourned.

B.

Proceedings of the Fifth Annual Meeting.

The fifth annual meeting of this society was held at General Brown's hotel, in Cooperstown, on Wednesday, June 14, 1865.

On calling the roll, the following gentlemen answered to their names:

Dr. J. H. Foote	Franklin.
E. B. Warren	Butternuts.
S. C. Warren	Otego.
M. Matteson	Morris.
N. Getman	Richfield Springs.

The minutes of the last meeting were read and approved.

Dr. Matteson proposed Dr. J. F. Wallace, of New Berlin, Chenango county, as a member; the censors reported in his favor; the vote was taken by ballot, and Dr. Wallace declared elected—having first signed the constitution and by-laws and paid the initiation fee.

Dr. Getman, committee on epidemics, presented a report of two cases of "Anasarca."

Dr. Matteson reported verbally an interesting case from practice.

Dr. E. B. Warren reported a case of "suppression of urine" of seven weeks' standing; also one or two other cases, which he promised to commit to paper and present for publication.

The treasurer reported an indebtedness, on the part of the society, of $3.25.

On motion of Dr. Getman, a tax of fifty cents was imposed on each member of the society to meet said indebtedness, which was responded to by those present as follows:

Dr. E. B. Warren	$ 50
N. Getman	50
J. F. Wallace	50
J. H. Foote	50
M. Matteson	50
S. C. Warren	50
Total	$3 00

The president, Dr. J. H. Foote, delivered the annual address, for which a vote of thanks was tendered him by the society.

Dr. Matteson moved to hold the next meeting of the society at Morris. Carried.

The following gentlemen were elected officers for the ensuing year:

Dr. J. H. Foote..... President.
E. B. Warren..... Vice-President.
J. R. White..... Secretary and Treasurer.

CENSORS.

Dr. J. F. Wallace, Dr. N. Getman, Dr. R. E. Miller.

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. N. Getman, Dr. T. S. Blodgett.

DELEGATE TO COUNTY MEDICAL SOCIETIES.

Dr. S. C. Warren.

The following committees were appointed by the president:

Drs. E. B. Warren and R. E. Miller, on Epidemics.
N. Getman and T. S. Blodgett, on Materia Medica.
J. R. White and C. M. Fox, on Surgical Cases.
S. C. Warren and M. Matteson, on Obstetrics.
J. H. Foote, Diseases peculiar to Women.
J. F. Wallace and M. Matteson, Diseases of Children.

Dr. J. F. Wallace was appointed to deliver the address at the next semi-annual meeting, and Dr. T. S. Blodgett to deliver the address at the next annual meeting of the Society.

On motion, the Society adjourned to hold its semi-annual meeting at Morris.

ARTICLE XC.

Report on Clinical Medicine. Case of Paralysis caused by Suppression of Measles. By SOLOMON C. WARREN, M. D., of Otego.

In the month of February, 1863, I was called to visit a patient laboring under paralysis affecting both the motor nerves and those of sensation. He was a young man, seventeen years of age, of a predominant sanguine temperament. He had enlisted in September previous and gone into camp at Elmira, where he was taken sick with measles which were then prevalent in the regiment, and was sent to the hospital on the 20th of November.

A few hours after the eruption began to make its appearance, he was removed to a cold room, in consequence of which it immediately receded and an attack of apoplexy followed, during which he remained in an insensible condition for a period of forty-four hours. He was bled profusely from both arms, followed by cupping and the application of leeches to the head and back part of the neck. He had partially recovered at the expiration of three or four days, when he was attacked with pneumonia and a week afterwards with diarrhœa. The energetic use of astringents next induced a general fever, by which he was prostrated nearly two weeks.

After this he improved slowly, so that he was removed to his home in Otsego county. He soon began to lose the use of his limbs, became emaciated and grew weaker day by day. He was placed in allopathic hands and for several weeks the course of treatment embraced the use of cathar-

tics, diuretics, tonics, mercurials, blisters and counter irritants, but all to no purpose, he became worse instead of better.

In despair, and through the importunities of friends, he resolved to try the virtue of "sugar pills." In this last extremity I was summoned and found him in the following condition: Both the upper and lower extremities completely paralyzed; the patient could only move the fingers slightly, and was compelled to remain in whatever condition he was placed; sensation so entirely extinct in the lower extremities, that when his feet were brought in contact with the heated stove he was not aware of the fact; pulse more frequent than natural; appetite tolerably good; tongue slightly coated; bowels costive with considerable difficulty in urinating; countenance pale and emaciated.

From the history of the case, I came to the conclusion that the paralysis was caused by repelled measles and gave my opinion accordingly.

Treatment.

First centesimal trituration of strychnine, grain doses, in alternation with pellets medicated with the strong tincture of aconite root, every two hours, with a dose of sulphur at bed time. I also made use of the galvanic battery, one operation each day, an hour at a time.

About the fifth day after I commenced this course of treatment, he presented the following symptoms: Headache; sneezing; redness of the conjunctiva; fever and other indications of the catarrhal stage of measles; I also thought I could discover some slight eruption under the skin.

The next day the eruption appeared upon the surface with the peculiar characteristics and odor of measles. It was just three months since the patient contracted the disease at Elmira. The eruption continued three or four days and then disappeared.

In four weeks from the time I first saw him, he was able to walk about the house. I continued the same treatment two weeks longer, when he had so far recovered that he required no more of my services. He returned to his regiment in a short time afterwards, and suffered no return of the paralysis, but has since perished on the field of battle.

I have since treated other cases of paralysis with aconite and strychnine, together with the use of the galvanic battery, with the very best success.

The above case presents some points of interest, more particularly the long period in which the measles remained suppressed before their return to the surface. The intervening train of symptoms were of course produced by the retrocession of the eruption.

In one case of paralysis since the above, in which the galvanic battery had been used in connection with allopathic treatment without effect, I gave the aconite and strychnine and used the battery every day as before, and improvement followed immediately.

RENSSELAER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

91. List of Officers, Delegates and Members, 1865.
92. Notes on the New Remedies. By WILLIAM S. SEARLE, M. D, of Troy.

ARTICLE XCI.

List of Officers, Delegates and Members.

OFFICERS ELECTED JANUARY 4, 1865.

Dr. Simeon A. Cook....	Troy	President.
H. R. Fuller.....	Lansingburgh	Vice-President.
William S. Searle ..	Troy	Secretary.
John Younglove ...	Troy	Treasurer.

CENSORS.

Dr. Simeon A. Cook ...	Troy	Rensselaer county.
Alvan M. Cushing .	Lansingburgh	do
Richard D. Bloss ..	Troy	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Drs. Chas. H. Carpenter, M. W. Campbell, John Younglove.

MEMBERS.

Dr. William S. Searle..	Troy	Rensselaer county.
Simeon A. Clark ...	do	do
M. W. Campbell ...	do	do
Richard D. Bloss...	do	do
J. P. Bloss	do	do
Chas. H. Carpenter,	do	do
John Younglove ...	do	do
J. F. Miller.....	Lansingburgh	do
H. R. Fuller.....	do	do
D. W. Pitts.....	Johnsonville	do

The annual meeting for the election of officers is held on the first Wednesday of January; other meetings at the call of the President.

ARTICLE XCII.

Notes on the New Remedies. By WILLIAM S. SEARLE, M. D., of Troy.

As your committee on materia medica for the third district I have no provings to report, but have thought that a few clinical remarks upon some of the remedies which have been lately brought into notice might not be entirely inappropriate. Many of these are already taking high rank as polychrests, and proving themselves treasures of untold value to the profession

and to the community at large. Baptisia, gelseminum, cimicifuga, leptandria and others are as important and occupy as prominent a place in our every-day prescriptions as aconite, belladonna, bryonia and mercurius. Did we need any farther proof of the universality of our noble law of cure, the healing power of these drugs, when administered in accordance with its teachings, affords overwhelming evidence to every candid mind. Half a century spent in careful dissection, in clinical and physiological analysis, conducted by the ablest pathologists of the entire allopathic school, has failed, utterly and miserably failed, to discover a remedy for typhoid fever. Its pathology, diagnosis, symptoms and course have been accurately marked out, but to-day they stand at the bed-side of the stricken patient, and, sweeping away the nostrums they once loudly vaunted, consign him to the tender nursing and anxious prayers of his afflicted friends. "There is *no* remedy for typhoid fever," they say to the anxious student; "careful nursing and a good constitution *may* save your patients, and these alone!"

Tell them that on the fertile plains of Iowa there lives an humble hero, to whom it was given (by treading in the footsteps of the illustrious Hahnemann) to discover a remedy which breaks the march of this fever and frequently restores health in a few days, and you will meet the stare of incredulity or the broad sneer of malignant partizanship. And yet, I will venture to say, that within a year the baptisia tinctoria will figure in the pages of some highly respectable "*regular*" journal as the great specific for typhoid, and the discovery be claimed by some veteran purloiner of honor and fame.

The profession is under great and lasting obligations to Dr. E. M. Hale for his valuable work on these "New Remedies." The provings, though many of them meager, are both well conducted and reliable; but their full bearing upon the treatment of disease is not yet entirely developed.

Allow me to invite your attention to a brief survey of the close correspondence which exists between two of them, gelseminum and cimicifuga, and that terrible disease which is so prevalent in some localities of our country, I refer to cerebro-spinal meningitis.

The former of these, gelseminum, has direct relation to the incipient or congestive stage of the disorder, and also, in some degree, to the consequent inflammation; while the latter, cimicifuga racemosa, is, in my judgment, homœopathic to the inflammation of the sero-fibrous tissues involved and to the irritation of the cerebro-spinal system, which is due to the proximity of the inflammation of its investing membranes, and which manifests itself in spasm. It seems also correlative to that state of the blood which results in the petechiæ so common in the severer cases of the disease, and, to use the *post-hoc propter-hoc* argument as cumulative and confirmatory, I may say that I have *used* these remedies, relying upon their homœopathicity with complete and uniform success.

Let us now briefly compare the toxicology of these drugs, with the symptomatology of the disease under discussion.

An attack of cerebro-spinal meningitis is usually sudden, and is ushered in by a severe chill, accompanied by evident congestion to the spine and brain, with its ordinary symptoms, among which dilatation of the pupils is, I believe, always seen. This state is followed, except in those cases which die collapsed, by reactionary fever of corresponding violence. To such a

condition of the system no remedy is so homœopathic as gelseminum. Aconite, it is true, sometimes produces similar symptoms, but never primarily causes dilatation of the pupils; has numbness and pricking of the extremities, as prominent phenomena, and frequently causes congestion to other organs instead of the brain. (See Taylor on Poisons and the various Provings). In cases of poisoning by gelseminum, the universal symptoms are "great prostration, complete loss of muscular power—of vision and speech, staggering gait, icy coldness of the hands and feet, pulse very feeble or imperceptible, respiration labored, feeble, nausea and vomiting." All of these symptoms are relieved by cerebral stimulants, showing what portion of the organism feels the depressing power of the drug. One symptom which is so prominent and constant as to be almost characteristic of gelseminum, is languor and heaviness of the eyelids; they close in spite of all the efforts of the will. No language could more accurately describe the incipient stage of the malady under consideration. In short, every symptom of intense congestion to the brain and spine, and the partial paralysis which necessarily attends it, may be found described with equal accuracy in the pathogenesis of this drug and the diagnosis of the disease.

It is stated by Hale, that "the intense hyperæmia of the brain caused by gelseminum, stops just short of inflammation." As we have no record of post-mortem examination in any of the cases of reported death, there are no means of affirming or disproving this assumption; but I feel confident that he is in error, and that the same law obtains in toxicology as in disease, viz., that long continued congestion, especially if violent, must end in inflammation. The only conceivable exception is in cases where the congestion to vital organs is so overwhelming as at once to suspend their functions, and thus destroy life. Thus believing, I have continued to use gelseminum, when its characteristic symptoms were manifest, even in the inflammatory stage of the disease. The indications which should determine its use, after inflammation has become decided, may be found in the pathogenesis of the drug, and are quite as distinctively characteristic of the disease when fully developed, as in its inception. A brief resumé of the symptoms, as laid down by Hale, will make this clearly evident.

Beginning with the head, we find pain in the vertex, occiput and upper cervical region, extending to the shoulders, of a dull, pressing, aching, throbbing character; vertigo, with confusion of thought, and delirium, either continuous, or alternating with stupor; dilatation of the pupils, diplopia, mistiness and obscurity of vision, increasing to entire blindness; pains of a pricking, shooting, or aching character in the eyes; soreness, inflammation and weakness of the eyes, with lachrymation; a desire for strong light; rushing and roaring in the ears; sudden deafness; stiffness in the jaws; heavy, besotted expression of the face; eruption on the face and entire surface, red and papular, appearing on the second day, and passing away after four or five days; the tongue is red, raw and painful, at first clean and afterward coated, sometimes white and sometimes yellow (varying, I presume, with the temperament of the patient).

The large flabby tongue seen in the latter stage of malignant forms of the disease, and which doubtless depends upon paralysis of its nerves (cer-

tainly not upon inflammation of its tissues), has not been noticed in cases of poisoning by gelseminum, but still may have occurred. The drug certainly causes a partial paralysis both of the tongue, pharynx and glottis, which effects are referable, not to any local action upon these organs, but to its influence upon the nerves supplying them. There is also great dryness, soreness and irritation of the fauces, as well as dysphagia, which patients often describe, when suffering from the disease under discussion, as a stiffness of the throat. The symptoms developed in the stomach and abdominal organs are not decided, and still there is evidence that, so far as these organs are connected with the spinal system of nerves, the same irritable, semi-paralytic condition obtains. The effect upon the lungs, which are in a greater degree under the control of the cerebro-spinal nerves, is correspondingly more prominent; and the labored breath, long-drawn inspirations and sudden expirations, stricture and sense of suffocation speak loudly of the congested condition of the great nervous centres. When we consider this state of the circulation, as manifested by the pulse, the correspondence between the disease and the drug is remarkable. They seem almost photographs of each other. The pulse is at first weak, soft, fluttering, or quite extinct; afterward becoming fuller and stronger, till at length it rises to the bounding violence of inflammatory action. Its effects upon the muscles of the trunk and extremities are so decided and prominent as to render it a matter of wonder that its power in this and similar diseases has been overlooked. Paralysis, accompanied by myalgic pain, and followed by spasm, is the uniform result of its action.

The limits of a paper, which is intended to be suggestive rather than exhaustive, forbid a more extended comparison; but this hasty survey of the toxicology of gelseminum is very significant of the range of its curative power. And a still more particular study of its characteristic symptoms will, I am sure, convince the most sceptical of its homœopathicity to cerebro-spinal meningitis. I trust that we shall soon have a more complete pathogenesis of this remedy. It should be administered to animals in fatal doses, and its action upon the tissues it so decidedly affects, be more fully unveiled by dissection

We come now to consider the second of the remedies mentioned, viz: cimicifuga racemosa. I was led to employ this remedy empirically, in my second case of cerebro-spinal disease, by the complete failure of every other remedy to control the spasms, which still continued after the inflammatory symptoms had subsided. During three weeks they had reigned supreme in the most terrific and varied forms. My patient, a lady of thirty years, and nervo-lymphatic in temperament, lay before me, tormented day and night by alternate tonic and clonic convulsions. All food and drink were instantly rejected from the stomach, and both she and her attendants declared that she did not get a moment's sleep during her entire illness. I should have regarded this case as one of hysteria, had I not witnessed the preceding inflammation, which was so severe as to render the left eye totally and permanently useless, and had not the ablest counsel in our city agreed with my diagnosis. My first case, too, which had still more strongly simulated hysteria, had resulted in sudden death, and the post mortem had revealed our sad mistake. This inclined me to be wary. But, to be brief,

every indicated remedy utterly failed until, finally, inferring the sphere of cimicifuga from its power as chorea, I determined, in despair, to try it. To my astonishment and delight it at once subdued all spasmodic action, and by its use alone, my patient entered upon a speedy convalescence. Careful study of the pathogenesis of this drug has since convinced me of its peculiar relation to the disease. And of this, I will now endeavor to convince you.

Let me premise, however, what is too often overlooked, that we cannot expect to find the more violent symptoms of any grave disease in a pathogenesis made up entirely of provings. Hints and gleams of truth only, come to us through such a medium, unless, perchance, some heroic prover, like Hahnneman, or Hale, or Burt (names we all delight to honor), arises, who counts neither ease, nor health, nor life itself dear to him, so that he may soothe the brow of pain and restore health to the suffering. And even then, our knowledge of the effects of a drug is not complete without careful post-mortem observation in fatal cases of poisoning. Do not look, then, for an exact likeness of cerebro-spinal meningitis, in the very brief sketch here given of a very imperfect pathogenesis of either remedy. If we shall find a correspondence somewhat close, with no conflicting symptoms, and if experience shall confirm our deductions, at the bedside of the sick, we must, for the present, be content. Now what are the known symptoms of cimicifuga which point in the direction of this disease? Beginning, as before, with the head, we find a large variety, too large for repetition here; but each and all evidencing its powerful influence over the entire encephalon. It causes pain in every portion of the head, chiefly in the vertex and occiput, extending often to the shoulders and down the spine, accompanied by a delirium which perfectly simulates mania a potu. The pain is sometimes paroxysmal, and is pressive, throbbing, and aching in its nature, attended by tremor and illusions of visions. In these phenomena its analogy to nux, ignatia, and the narcotics, is very striking; while the prostration and irritability of the cerebro-spinal nerves plainly point out its homœopathic relation to the later stages of the disease under consideration. The intense throbbing pain, so frequently complained of by patients suffering from this malady, and which is described as being like a bolt driven from the neck to the vertex with every throb of the heart, it promptly relieves. "Few medicines," says Hale, "cause such intense and persistent pains in the eye balls." They are described as dull, aching, and sore. There is dilatation of the pupils and redness of the conjunctiva, with increased lachrymation. *The tongue is swollen;* sordes accumulate on the teeth, and the breath is offensive. The pharynx is dry, with dysphagia and frequent inclination to swallow. The mucous membrane of the fauces is red and inflamed, with roughness, hoarseness, and thirst. The nausea and vomiting it produces are evidently due to cerebral irritation or inflammation. The severe pains in the abdomen are also of a neuralgic character, since the stools are but little affected, either in consistence or color. The urine is pale and increased in quantity, as is common in hysteria and other states of nervous depression conjoined with irritation. In the back we find stiffness, pain of a drawing, tensive character, or dull, heavy, and aching. Weakness and trembling, spasmodic action of the muscles, with

many similar symptoms, which can be ascribed only to the influence of this drug upon the spinal cord. Bryonia, a remedy hitherto much relied on in the treatment of epidemic meningitis, bears a close analogy to cimicifuga, but an accurate comparison between them, in their bearings upon this disease, will, I think, result in favor of the latter. "Like bryonia," says Hale, "it exercises a special control over inflammation of serous membranes. But though inferior, perhaps, in this respect, it is far superior to that drug in its influence on nervous tissues. Bryonia does not cause rheumatic neuralgic pains, while cimicifuga *does*, in an eminent degree. Bryonia has no influence over reflex nervous pains, cramps, &c., while cimicifuga controls many such abnormal manifestations." Having thus traced the similarity between the action of these remedies and the disease in question, the discussion might perhaps be profitably relinquished here, but in confirmation of their theoretical value in cerebro spinal inflammation, let me add a brief account of my experience in its treatment. Fortunately no epidemic of the kind has visited the city of Troy, though sporadic cases have been scattered along the pathway of our practice during the last two years. During the past month, however, it has seemed to increase, and our record of mortality for January, 1865, contains a report of three deaths which are attributed to it.

My first case, mentioned incidentally above, was so obscure in its development as to be mistaken by myself and my colleagues for hysteria. The patient was a maiden lady of forty years, and of nervous temperament. For a long time she had suffered from scrofulous disease of the cervical vertebræ; but this attack was sudden, and marked by violent fever and inflammation. Excruciating pain in the whole head and spine were almost the only symptoms. No spasms of any kind appeared. She was treated with the ordinary polychrest remedies recommended by Watson and Paine, but without sensible relief; and after about ten days of acute suffering, death suddenly closed the scene. Post-mortem examination revealed the most intense inflammation of the membranes of the brain and cord, with the usual effusion of lymph.

In the second case, fully described above, the inflammatory symptoms yielded readily to aconite, bryonia, belladonna, &c., but the spasms were not controlled until cimicifuga was administered, when they vanished like mist. From that time I have depended upon this remedy, with gelseminum, and they have never disappointed me. A short account of two cases, in which these medicines alone were used, may be of interest:

A young merchant, of vigorous constitution, was seized in August last with diphtheria. Under the usual treatment this soon subsided; but the persistent pains in the extremities and back, quickly followed by rigidity of the neck and pain in the occipital region, together with severe inflammatory symptoms, warned me of an ambushed enemy. Gelseminum and cimicifuga were at once administered in the form of tincture. With the exception of slight convulsions of the upper extremities, the only change in the case was a gradual subsidence of the symptoms and restoration to health in two weeks from the first outset of the disease. Partial paralysis of the arms continued for several months. On the tenth of January, after severe exposure, he was again prostrated. Arriving during the chill, I ordered a

hot bath and gave five drops of the first decimal dilution of each remedy, prepared in half glasses of water, one teaspoonful of each alternately every fifteen minutes. After the expiration of three hours, violent fever had set in, with excessive pain in the occiput, neck and back; dilatation of the pupils, with aching soreness of the eyes, and spasmodic jerking of the arms. I replaced the medicines with ten drops of the tincture of cimicifuga and ten of the first decimal dilution of gelseminum. No new symptoms appeared, and those present diminished rapidly, so that, on the fifth day, I discontinued attendance.

On the sixth of the present month I was summoned to a feeble woman of fifty years. She had been suddenly seized with severe chills; nausea and vomiting; delirium and acute pain in the head, shooting down the spine, with rigidity of the muscles of the back. The same remedies were again exhibited in a similar manner. At the end of four hours the delirium had almost disappeared, together with the disturbance of the stomach. After twenty-four hours all the symptoms had vanished, except languor with shooting pain from the head down the spine when rising in bed. The next day she was sitting up, and was discharged. These cases are a fair sample of eight or ten which have occurred in my practice. They were not, it is true, of the most desperate class; but could they have been as quickly cured by the ordinary medicines given in this disease?

It is by no means claimed that gelseminum and cimicifuga are the only necessary remedies for this terrible disease. Aconite, bryonia, nux, cantharides, together with the whole range of narcotics, may be often indicated, and when so indicated should always be prescribed. I need not dwell on the symptoms which are characteristic of each; they are clearly pointed out in the admirable articles of Watson and Paine, recorded in the last volume of the Transactions of this Society, as well as in Marcy and Hunt's new work on Practice. But I trust that these hastily written suggestions may at least induce a trial of the treatment here indicated, and that we may have full reports thereon hereafter.

I had intended to add some remarks on the use of baptisia in typhoid fever, but have space for a few words only. I have had opportunity to try its power in but three well developed and undoubted cases of this disease, one of which was cured in six, another in ten days, and the third seemed quite as promising, when, through imprudence, a relapse occurred and the disease ran its full course. Other practitioners assure me that their success has equalled my own. I most sincerely congratulate this society and the profession at large upon the discovery of this blessing to the community. We can never forget to whose unselfish devotion we are indebted for a knowledge of its virtues, nor honor too highly the memory of the man who first pointed out the pathway which Burt and others have so successfully trod.

SARATOGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

ARTICLE XCIII.

List of Officers, Delegates and Members, 1864.

OFFICERS ELECTED JULY, 1864.

Dr. Benj. F. Cornell	Moreau Station	President.
Zina Clements.....	Saratoga.....	Vice President.
Samuel J. Pearsall..	do	Sec'y and Treasurer.

CENSORS.

Dr. Zina Clements.....	Saratoga Springs	Saratoga county.
Edgar B. Cole.....	Waterford	do
Joseph F. Doolittle .	Ballston Spa	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Edgar B. Cole, Dr. Zina Clements.

MEMBERS.

Dr. Samuel J. Pearsall..	Saratoga Springs	Saratoga county.
Zina Clements.....	do	do
Benjamin F. Cornell.	Moreau Station	do
Edgar B. Cole.....	Waterford	do
Joseph F. Doolittle .	Ballston Spa	do
J. T. Niver	Stillwater.....	do

The annual meeting is held on the second Wednesday of July.

STEUBEN (CHEMUNG) COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Article 94. List of Officers, Delegates, Committees and Members, 1865.
95. Historical Sketch of the Introduction and Progress of Homœopathy in Schuyler county. By EDWIN W. LEWIS, M. D., of Watkins.

ARTICLE XCIV.

List of Officers, Delegates, Committees and Members, 1865.

OFFICERS ELECTED DECEMBER 13, 1864.

Dr. William S. Purdy...	Addison	President.
Orlando Groom.....	Horseheads	Vice President.
H. S. Benedict.....	Corning.....	Sec'y and Treasurer.

CENSORS.

Dr. Edson M. French ...	Elmira.....	Chemung county.
Henry Sales.....	do	do
R. M. Mills	do	do
N. R. Seeley	Corning.....	Steuben county.
E. W. Rogers	Wayne	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Drs. Emerson W. Rogers, P. W. Gray, Edwin W. Lewis.

COMMITTEES ON MEDICAL TOPICS.

Dr. N. R. Seeley, Theory and Practice of Medicine.
Orlanda Groom, Special Pathology and Therapeutics.
W. S. Purdy, Surgical Cases.
P. W. Gray, Obstetrics and Diseases of Women.
H. Sayles, Diseases of Children.
E. W. Rogers, Materia Medica.
H. S. Benedict, Prevailing Epidemics.

CORRESPONDING MEMBERS.

Dr. J. L. Corbin.....	Athens	Pennsylvania.
G. Z. Noble	Dundee	Yates county.
T. B. Sellen.....	Ithaca.....	Tompkins county.
Wm. Gulick.....	.....	
E. W. Rogers	Dundee	Yates county.

MEMBERS.

Dr. P. W. Gray.....	Elmira.....	Chemung county
Henry Sayles	do	do
Edson M. French....	do	do
K. N. Mills	do	do
N. R. Seeley	do	do
William A. Whipping	Millport	do
Orlando Groom.....	Horseheads	do
Edwin W. Lewis....	Watkins.....	Schuyler county.

Dr. Frank Tompkins....	Havana.....	Schuyler county.
William S. Purdy...	Addison	Steuben county.
H. S. Benedict.....	Corning	do
J. L. Corbin.....	Athens	Pennsylvania.

The annual meeting is held on the second Tuesday of December; the semi-annual on the third Tuesday of June.

ARTICLE XCV.

Historical Sketch of the Introduction and Progress of Homœopathy in Schuyler County. By EDWIN W. LEWIS, M. D., of Watkins.

Schuyler county was erected from the counties of Chemung, Steuben and Tompkins, by legislative enactment, in the year 1855, and although our history begins several years anterior to that date, our hastily written sketch of the introduction and progress of homœopathy will be confined to the limits of the county as it now exists.

For the first introduction of the principles and practice of homœopathy in Schuyler county, much credit is due to Dr. Richard Huson, then living in the village of Dundee, in the county of Yates adjoining. About the year 1842, the doctor, an old and successful practitioner of the allopathic school, became a convert to the doctrines and principles of cure as enunciated by Hahnemann and his contemporaries, and this conversion was effected by a series of careful tests and actual experiments scientifically applied and practically carried out.

Dr. Huson was a man richly endowed by nature with an active and progressive mind, ever in search of truth and the best means of ameliorating the condition and sufferings of his fellow men. Flattered and elated with the success of his new medical practice, he planted his feet firmly on the rock of experimental truth and became a zealous and unflinching advocate of the system. With a mind thoroughly convinced, he entered the lists openly, frankly and fearlessly, and like Scott's Roderick Dhu, proclaimed to his former associates in medical practice,

> "Come one, come all, this rock shall fly,
> From its firm base as soon as I."

The duties of his profession frequently brought him into the northern and middle towns of the county, where, in connection with his practice, he occasionally gave free public lectures at district school houses, or wherever he could obtain a hearing upon the subject. He possessed considerable talent for public speaking and an inexhaustible fund of humor and sarcasm, so that his lectures on the "little pill system," as many at that period chose to name it, generally procured him full houses at short notice. Special invitations were always given to members of the opposite school to attend his lectures and reply to his arguments, but they were seldom accepted, as few were willing to come in close contact with the man, who, from long experience in their own method of practice, they knew could wield a two-edged sword.

Thus the knowledge of homœopathy spread rapidly through several towns in the county; but the opposition was strong and united as against

a common and terrible foe seeking innovation upon time-honored dogmas and formulas cherished even

> "From the days of Esculapius, down
> Through wearied years to Eberle and Brown."

All that could be brought against it in the way of argument and ridicule was attempted by its antagonists. But argument, unsupported by a sure foundation, sometimes like clouds of vapor, melts into "thin air;" and ridicule, like a foul gun, knocks over the luckless wight who discharges it.

Dr. Huson was well qualified to meet the opposing forces on either of these grounds, and was in the fullest sense a most worthy and successful pioneer standard-bearer in introducing the homœopathic practice of medicine into this county, and I am happy in being able to give a passing tribute of praise to an old friend and preceptor, and in some small measure testify my respect for one whose worth and usefulness were so universally appreciated in this community.

After devoting more than thirty years of an active and laborious life to his profession in Yates county, he emigrated to Kansas with his son, Dr. Samuel K. Huson, a young and promising physician, and was residing in the city of Lawrence when the rebel pirate, Quantrell, made his murderous and destructive raid upon the ill-fated town. He however, I think, escaped with his life, but I have not since been able to gain further particulars in regard to him.

I am somewhat at a loss for correct data in pursuing my history as my office was destroyed by fire in the winter of 1861, and all my papers and books were consumed. But I think it was in 1845, Dr. William Gulick, the present able president of our county medical society, then standing high as an educated and skillful practitioner of the allopathic school, became convinced of the superiority of the homœopathic system, and entered upon its practice in the town of Tyrone, the field of his former practice, in the western part of the county, where he still continues to enjoy a large and extensive patronage. His counsels and example were a tower of strength to those then just entering upon practice, and served to give an additional impulse to the progress of homœopathy in that section.

Shortly after this accession to the ranks, Dr. E. W. Rogers commenced practice in the northwestern portion of the county, and about the same time I also entered upon the practice in the village of Watkins, then called Jefferson, near the center of the county, at the head of Seneca lake.

In thus entering upon the career of an active professional life, we soon found that the whole venom of our numerous opponents was brought to bear against us, and were forced to labor like Nehemiah of old when rebuilding the Jewish temple, with weapons of defence in one hand and the implements of our profession in the other. This was, I suppose, the common experience of nearly all who entered the field at this early period, and it continued very violent for many years.

At the commencement of my practice in Watkins, in the year 1846, there were but two families who openly acknowledged their belief in homœopathy. But believers soon began to multiply. Homœopathy was resorted to by some as a forlorn hope; when every effort of the old school had failed, homœopathy came to the rescue. Such evidence could not be over-

borne or thrown aside; the memories of its benefits were ever grateful and fresh, and consequently enduring in the minds of those who had received them. Here, as everywhere, homœopathy was obliged to remove the scales from eyes long blinded by prejudice, and work its ways upon its own intrinsic merits. Its success was often brought to notice and favor, through the absolute necessities of the case. In periods of apprehension and gloom, during the prevalence of some malignant epidemic, when victims to the helpless inefficiency of the old stereotyped methods of cure were falling on every side, in such times prejudice yielded to the urgent claims of self-interest and self-preservation.

In 1847, dysentery prevailed as an epidemic in a very malignant form; scarcely a family escaped, and deaths occurred on every hand, sweeping off some of the most prominent members of society, besides scores of children. During this epidemic, the old system proved futile in numerous cases, while homœopathy gained many friends by its superior success and clearly proven excellencies. Of more than sixty cases treated homœopathically, but three deaths occurred. From this experience, people began to look into the matter more closely, and a permanent benefit to the cause was the result.

About a year after this epidemic, came the Asiatic cholera with all its horrors. We had heard the loud rumbling of the storm in the distance, and, dreading its approach, we prepared to meet it as best we could, and soon the terrible scourge was in our midst. Its ravages in the valley of the Chemung canal which empties into the head of Seneca Lake at Watkins were fearful, but were mostly confined to the Irish laborers engaged along the valley for several miles in building the Canandaigua and Elmira railroad. At length, however, several cases of cholera occurred in the villages of Millport and Havana, one three and the other nine miles south of Watkins, and finally we had a number of cases in our own village. Here again, in this one of the most formidable scourges that ever afflicted mankind, homœopathy won for itself new laurels and gained scores of additional friends and permanent adherents.

It is true I had but three well marked cases of Asiatic cholera, but the allopathic physicians in the same place lost every one of their numerous cases. We invited a committee appointed by the board of health to witness our treatment of these cases of cholera. Dr. Newton, an allopathic physician of the village, was also present. They all, being prejudiced in favor of allopathy, professed much astonishment at the power of our small doses in controlling this disease. Many were highly pleased, and gave long and abundant assurance of it afterward. I mention this as a waymark in the history of the progress of homœopathy in this county.

Among the many reminiscences of by-gone times that crowd upon my mind while writing, I will relate one which may be of some benefit to the medical world: Dr. S——, a physician of the old, *very* old, allopathic school, invited me to witness his treatment of a case of Asiatic cholera, assuring me at the outset that it should be a scene of triumph from his former experience in such cases. The patient was a man of robust constitution, aged about sixty, by the name of Snow. We found him truly in the

agonies of Asiatic cholera. The doctor commenced treatment by giving him twenty grains of Cayenne pepper in a gill of raw brandy, followed promptly by other warm doses. The old man looking more blue, the doctor remarked: "I will soon warm him up!" and verily I thought such treatment ought to melt even a man of snow. He soon breathed his last, though his constitution held out much longer than I thought possible. The body remained very warm sometime after death. The doctor's treatment certainly removed the difficulty with promptness and celerity, and, as I still think such a course will always do the same, I am induced to give it publicity for the benefit of the world.

At one time a certain allopathic physician named Brown used to visit our patients and ask to see the medicines left for them; he would then eat them up, in presence of the patients, to show there was nothing in them either for good or harm. On hearing of this, we prepared large powders, with the same quantity of medicine as before, with directions to invite him to partake of them when he should come again. These formidable, allopathic looking powders he durst not swallow. Like the old, experienced rat in the fable, he reasoned: "It may be meat," &c., &c., &c. After this the medicine was left untasted and untouched, and, when later we used mostly tinctures and solutions in water in treating the sick, we were no more molested in this way. He began to fear that, in trying to catch others, he might catch a Tartar, or, at least, an emetic-tartar.

In 1848, a homœopathic physician, by the name of Ayers, commenced practice in the village of Havana, which, as before mentioned, is about three miles south of Watkins. He appeared to be a man of talent and ability, lectured some, and I think was successful in the treatment of disease; but he did not remain longer than a year.

He was succeeded by Dr. S. H. DeForest, who left in a short time without obtaining a good practice, though he seemed well qualified for a physician. Notwithstanding these repeated failures to establish homœopathy in Havana, Dr. H. S. Benedict, the Secretary of our Medical Society, took up his residence there five or six years ago with the determination to succeed, and now enjoys a larger practice than any other physician in the village. This is a good evidence of the continued progress of homœopathy and the great change in public opinion in regard to it.

About the year 1850, several homœopathic physicians residing in this section of the county met at Dundee by appointment, and organized a medical society, under an act of the Legislature of the State, then existing, to legalize and establish such organizations. The society held regular annual and semi-annual meetings, which were for a time well attended. Among the members whom I now recollect were Drs. Huson, Gulick, Rogers, Nobles, Malin, Fleming and Westcott, but others, whose names I do not recall, belonged to the society. These meetings were a source of enjoyment and strength to the members, and did much to advance the cause of homœopathy, which, up to this time, (1850,) had gradually and surely gained ground, particularly in the more northern and western portions of the county. We were all actively engaged, and our practice has continued good to the present time.

During the last two or three years malignant sore throat and diphtheria have prevailed to a considerable extent in this county, and, in the treatment of these diseases, homœopathy has been eminently and decidedly successful. Everywhere its triumphs in combating this last most disagreeable and formidable scourge have brought it before the public in the most flattering and encouraging light. Of two hundred and thirty cases of throat disease, treated in the circle of our own practice, ranging through various grades, from mild to malignant in the fullest sense of the word, we have lost but five cases by death. We do not speak of this in a light spirit of boasting, for many homœopathic physicians may have done even better than this, but rather in a spirit of thanksgiving to Him who has vouchsafed to us specifics so efficacious in this very prevalent and uncertain disease, with sufficient knowledge to enable us to administer them in a proper manner.

In conclusion, we take pleasure in saying that, in the treatment of all diseases, whether acute or chronic, homœopathy has proved itself worthy of the name and standing it has attained; and, from its small beginning, in 1843, it now stands in the first rank of medical practice in this county.

ULSTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Article 96. List of Officers, Delegates, Committees and Members, 1865.
97. Proceedings of the First Meeting, held May 10, 1865. By the Secretary, Everett Hasbrouck, M. D., of Modena.

ARTICLE XCVI.

List of Officers, Delegates, Committees, and Members, 1865.

OFFICERS ELECTED—MAY 10, 1865.

Dr.	Daniel L. Everitt..	Modena	President.
	Garrett D. Crispell.	Kingston	Vice-President.
	Everett Hasbrouck.	Modena	Secretary and Treas'r.

CENSORS.

Dr.	Stephen W. Gerow	New Paltz.....	Ulster county.
	Theodore Quick....	Milton.....	do
	Frederick W. Ingalls	Kingston	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. G. D. Crispell, Dr. Theodore Quick, Dr. Levi Shaffer.

ALTERNATES.

Dr. Stephen W. Gerow, Dr. A. P. Heaton, Dr. Fredrick W. Ingalls.

EXECUTIVE COMMITTEE.

Dr. E. Hasbrouck, Dr. S. W. Gerow, Dr. G. B. Ketchum.

COMMITTEE TO DEVISE AND PROCURE A SEAL FOR THE SOCIETY.

Dr. G. D. Crispell, Dr L. Shaffer, Dr. F. W. Ingalls.

MEMBERS.

Dr.	Garrett D. Crispell.	Kingston	Ulster county.
	Frederick W. Ingalls	do	do
	Levi Shaffer.....	do	do
	Daniel L. Everitt...	Modena	do
	Everitt Hasbrouck.	do	do
	Stephen W. Gerow.	New Paltz	do
	George B. Ketchum	do	do
	Theodore Quick....	Milton.....	do
	A. P. Heston.....	Highland	do
	Matthew McCollum	New Hurley.....	do

The annual meeting for the election of officers, is held in the month of May of each year.

ARTICLE XCVII.

Proceedings of the First Meeting, held May 10, 1865. By the Secretary, E. Hasbrouck, M. D., of Modena.

At a meeting of the homœopathic physicians of the county of Ulster, held at the court house in said county, Wednesday, May 10th, 1865, for the purpose of considering the propriety of organizing a county medical society, in accordance with an act of the Legislature, passed April 13th, 1857, the following physicians were in attendance: Drs. Levi Shaffer and F. W. Ingalls, of Kingston; Theodore Quick, of Milton; George B. Ketchum, of New Paltz; Daniel L. Everitt and Everitt Hasbrouck, of Modena.

The meeting was called to order by Dr. F. W. Ingalls, and organized by the appointment of Daniel L. Everitt as chairman, and Dr. Everitt Hasbrouck as Secretary. After consideration it was resolved to form such society. It was moved by Dr. Ingalls that a committee of three be appointed by the chairman to report a constitution and by-laws. Dr. Ingalls, Quick and Ketchum were appointed, who, after consideration, presented their report, which was accepted, and the committee discharged. The constitution and by-laws being read and considered were adopted also.

Dr. Garrett D. Crispell, of Kingston, Dr. A. P. Heston, of Highland, Dr. Stephen W. Gerow, of New Paltz, and Dr. Matthew McCollum, of New Hurley, being absent and known to be in favor of the organization, were duly elected members.

Those present having signed the constitution and by-laws, an election for permanent officers was next in order and resulted as follows:

Daniel L. Everitt, M. D., President.
Garrett D. Crispell, M. D., Vice President.
Everitt Hasbrouck, M. D., Secretary and Treasurer.

CENSORS.

Stephen W. Gerow, M. D. Theodore Quick, M. D. Fred. W. Ingalls, M. D.

Drs. Crispell, Shaffer and Quick were elected delegates to the State Medical Society. Drs. Gerow, Ingalls and Heston their alternates, to hold their offices according to the regulations of the State Society.

Drs. Crispell, Shaffer and Ingalls were appointed a committee to devise and procure a seal for the use of the society.

On motion, *Resolved*, that the secretary be authorized to procure the publication of one hundred copies in pamphlet form of the proceedings of this meeting, and distribute them to the members, and forward a copy to each of the various homœopathic publications in the United States and newspapers in the county.

On motion, *Resolved*, that the next annual meeting be held at the village of New Paltz, on the second Tuesday in May, 1866, a 1 o'clock, P. M.

The chairman appointed Drs. Gerow and Ketchum in connection with the secretary, an executive committee, as provided in the by-laws.

On motion the society adjourned.

DANIEL L. EVERITT, M. D., *President.*

EVERITT HASBROUCK, M. D., *Secretary.*

WASHINGTON COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Article 98. List of Officers, Delegates, and Members, 1865.
99. Proceedings of the First Meeting, held January 25, 1865. By the Secretary, H. J. WARD, M. D., of North Granville.

ARTICLE XCVIII.

List of Officers, Delegates, and Members, 1865.

OFFICERS ELECTED—JANUARY 25, 1865.

Dr.	W. G. Wolcott....	Whitehall.....	President.
	John Sarle	North Granville.....	Vice-President.
	H. J. Ward.....	do	Secretary and Treas'r.

CENSORS.

Dr.	Charles Lowrey....	Union Village.....	Washington county.
	George H. Beach...	Sandy Hill.....	do
	H. K. Bennett.....	Hartford.....	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Charles Lowrey, Dr. H. K. Bennett.

ALTERNATES.

Dr John Sarle, Dr. George H. Beach.

MEMBERS.

Dr.	W. G. Wolcott....	Whitehall.....	Washington county.
	L. W. Kennedy....	Cambridge	do
	Charles M. Mosher.	Easton	do
	James Rice.....	Fort Ann.....	do
	G. H. Billings.....	North White Creek...	do
	John Sarle	North Granville.....	do
	H. J Ward	do	do
	Charles Lowrey....	Union Village.....	do
	H. K. Bennett.....	North Hartford	do
	George H. Beach..	Sandy Hill.....	do

The annual meeting for the election of officers, is held on the second Wednesday in June.

ARTICLE XCIX.

Proceedings of the First Meeting, held January 25, 1865. By the Secretary, H. J. WARD, M. D., of North Granville.

A meeting of homœopathic physicians was held at the office of Drs. Wolcott and Lowrey, in the village of Whitehall, on Wednesday, the 25th day of January, 1865, for the purpose of organizing a county homœopathic medical society.

Dr. W. G. Wolcott, of Whitehall, was chosen Chairman, and Dr. H. J. Ward, of North Granville, Secretary.

On motion a list of the names of the physicians present was made by the Secretary, as follows:

Dr. W. G. Wolcott and Dr. Charles Lowrey, of Whitehall; Dr. John Sarle and Dr. H. J. Ward, of North Granville; Dr. James Rice, of Fort Ann; Dr. H. K. Bennett, of North Hartford, and Dr. George H. Beach, of Sandy Hill.

On motion,

Resolved, That the physicians and surgeons present proceed to organize a homœopathic medical society, for the county of Washington, in the State of New York, in pursuance to an act entitled an act to incorporate homœopathic societies, passed April 13th, 1857.

The Chairman announced the first business in order—the election of officers for the ensuing year, with the following result:

Dr. W. G. Wolcott, President.
John Sarle, Vice-President.
H. J. Ward, Secretary and Treasurer.
Lowrey, Beach, and Bennett, Censors.

On motion, Dr. Charles Lowrey and Dr. H. K. Bennett were chosen delegates to the State Homœopathic Medical Society, to be held in the *city of* Albany, February 14, 1865. John Sarle, of North Granville, and George H. Beach, of Sandy Hill, alternates.

On motion, Dr. Sarle and Dr. Ward were appointed a committee to frame by-laws, to be reported for adoption at the next meeting.

After the passage of the usual resolutions, the society adjourned to meet at Fort Edward, the second Wednesday in June, 1865.

The society were then invited to partake of a bountiful collation at the house of Dr. Wolcott, where the fraternity did ample justice to the *many* good things prepared for them by Mrs. Dr. Wolcott.

WAYNE COUNTY HOMŒOPATHIC MED. SOCIETY.

Article 100. List of Officers, Delegates, Committees and Members, 1864–65.
101. Report of the Wayne County Homœopathic Medical Society, comprising:
A. Proceedings of the First Annual Meeting, held June 7, 1864.
B. Proceedings of the First Semi-Annual Meeting, held December 6, 1864.
C. Proceedings of the Second Annual Meeting, held June 13, 1865. By the Secretary, E. R. HEATH, M. D., of Palmyra.

ARTICLE C.

List of Officers, Delegates, Committees and Members, 1864–65.

OFFICERS ELECTED JUNE 7, 1864.

Dr. Durfee Chase.....	Palmyra	President.
M. F. Sweeting	South Butler	Vice-President.
Edwin R. Heath....	Palmyra	Secretary and Treasurer.

CENSORS.

Dr. A. G. Austin	Williamson	Wayne county.
A. P. Throop	Palmyra	do
M. F. Sweeting....	South Butler	do

DELEGATES TO THE STATE HOMOŒOPATHIC MEDICAL SOCIETY.

Drs. A. G. Austin, M. F. Sweeting.

ALTERNATES.

Drs. L. Goedecke, E. R. Heath.

Delegates to the Cayuga County Homœopathic Medical Society—Drs. M. F. Sweeting, E. R. Heath.

Delegates to the Ontario County Homœopathic Medical Society—Drs. A. P. Throop, Cyrus Allen.

Delegate to the Oneida County Homœopathic Medical Society—Dr. Durfee Chase.

Delegate to the Onondaga County Homœopathic Medical Society—Dr. A. P. Throop.

COMMITTEES.

Drs. D. Chase, A. G. Austin and M. F. Sweeting, Historical Sketch of the Introduction and Progress of Homœopathy in Wayne County.

OFFICERS ELECTED JUNE 13, 1865.

Dr. Durfee Chase	Palmyra	President.
M. F. Sweeting	South Butler.....	Vice-President.
Edwin R. Heath....	Palmyra	Secretary and Treasurer.

CENSORS.

Dr. A. G. Austin	Williamson	Wayne county.
S. I. Sherman	Lyons	do
M. F. Sweeting....	South Butler	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Drs. A. G. Austin, M. F. Sweeting.

ALTERNATES.

Drs. L. Goedecke, Edwin R. Heath.

Delegates to the Cayuga County Homœopathic Medical Society—Drs. M. F. Sweeting, O. C. Parsons, E. R. Heath.

Delegates to the Ontario County Homœopathic Medical Society—Drs. A. P. Throop, Cyrus Allen.

Delegate to the Oneida County Homœopathic Medical Society—Dr. Durfee Chase.

Delegates to the Onondaga County Homœopathic Medical Society—Drs. A. P. Throop, M. F. Sweeting.

Delegate to the Monroe County Homœopathic Medical Society—Dr. A. G. Austin.

Committee to prepare an Historical Sketch of the Introduction and Progress of Homœopathy in Wayne County—Drs. D. Chase, A. G. Austin, M. F. Sweeting.

HONORARY MEMBERS.

Dr. A. P. Throop	New York	New York county.
C. M. Boyce.....	Auburn	Cayuga do
J. W. Sheldon.....	Syracuse	Onondaga do
Carroll Dunham....	New York	New York do

MEMBERS.

Dr. G. C. Childs.....	Clyde	Wayne county.
Stephen D. Sherman,	Lyons	do
L. Goedecke.....	do	do
Durfee Chase.....	Palmyra	do
Edwin R. Heath ...	do	do
Cyrus Allen.....	do	do
M. F. Sweeting....	South Butler	do
A. G. Austin	Williamson	do
O. C. Parsons	Newark	do

The annual meeting is held on the first Tuesday of June; the semi-annual on the first Tuesday of December.

ARTICLE CI.

Report of the Wayne County Homœopathic Medical Society, comprising:
A. Proceedings of the First Annual Meeting, held June 7, 1864.
B. Proceedings of the First Semi-Annual Meeting, held December 6, 1864.
C. Proceedings of the Second Annual Meeting, held June 13, 1865. By the Secretary, E R. HEATH, M. D , of Palmyra.

A.

PROCEEDINGS OF THE FIRST ANNUAL MEETING.

The first annual meeting of the Society was held at the office of Dr. D. Chase, in the village of Palmyra, on Tuesday, June 7, 1864, the President, Dr. Chase, in the chair.

On calling the roll, the following gentlemen responded to their names: Drs. D. Chase, of Palmyra; M. F. Sweeting, of South Butler; O. C. Parsons, Newark; S. D. Sherman, Lyons; A. Throop, Cyrus Allen and E. R. Heath, Palmyra.

The minutes of the last meeting were read and approved.

The chairman of the committee appointed at the last meeting to draft a constitution and by-laws, reported the result of their labors for the consideration of the Society.

On motion of Dr. Sweeting, the constitution and by-laws were adopted, as presented, and the committee discharged.

By request of Dr. Sweeting, a list of all the homœopathic physicians in the county was read by the secretary, as follows: Drs. G. C. Childs, Clyde; S. D. Sherman and L. Goedecke, Lyons; M. F. Sweeting, South Butler; A. G. Austin, Williamson; H. G. Kellogg, Wolcott; O. C. Parsons, Newark; D. Chase, A. P. Throop, Cyrus Allen and E. R. Heath, Palmyra.

On motion of Dr. Heath, a committee of three, consisting of Drs Chase, Austin and Sweeting, were appointed to furnish the Society, at the next meeting, with an "Historical Sketch of the introduction and progress of Homœopathy in Wayne County." This report will contain a list of practitioners and their addresses in full; the time of their adoption of this system and biographical notices of deceased members of the profession.

Inquiry was made in regard to students in the charge of members of the Society.

Dr. Sweeting reported his son, who had studied under his direction for three years past, and requested the opinion of the Society as to the best school at which to attend medical lectures.

Dr. Sweeting reported one student who had been studying under his supervision since spring.

Dr. Chase also reported a student who intends graduating next winter, and Dr. Austin another who has been studying under his supervision two years.

A discussion ensued with respect to the best mode of studying medicine, and attending medical lectures.

Dr. Sweeting related a cure of a gun-shot wound, in which the ball still remains in the substance of the lungs.

At 1 P. M. the Society accepted an invitation to partake of an excellent

dinner, prepared by a lady, who by no means urged the members to partake thereof in homœopathic doses.

AFTERNOON SESSION.

On reassembling, a motion was made to resume the discussion of diphtheria and cerebro-spinal meningitis.

Dr. Sweeting related a number of cases of cerebro-spinal meningitis, and was followed by other members of the Society. They all gave lachesis high rank among remedies for this epidemic.

On motion of Dr. Heath, Dr. Cyrus Allen was elected a member of the Society.

The following gentlemen were elected officers for the ensuing year: Dr. D. Chase, President; Dr. M. F. Sweeting, Vice President; E. R. Heath, Secretary and Treasurer.

Drs. Austin, Throop and Sweeting were elected Censors.

On motion, the election of delegates to the State Homœopathic Medical Society, was postponed to the next meeting.

On motion, Dr. M. F. Sweeting was appointed delegate to the Cayuga County Homœopathic Medical Society.

On motion, Drs. Throop and Allen were appointed delegates to the Ontario County Homœopathic Society.

The thanks of the Society were extended, on motion of one of the members, to our worthy president, for the gentlemanly and impartial manner with which he governed the actions of the Society; also, for his kind and generous hospitality.

The Society then adjourned, to meet at the office of Dr. G. C. Childs, in the village of Clyde, on Tuesday, the sixth day of December, 1864, at 10 o'clock A. M.

B.

PROCEEDINGS OF THE FIRST SEMI-ANNUAL MEETING.

The regular semi-annual meeting of the Society, adjourned from June 7, 1864, was held at the office of Dr. G. C. Clilds, in the village of Clyde, on Tuesday, December 6, 1864, at 1 o'clock P. M.

The meeting was called to order by the president, Dr. D. Chase.

On calling the roll, the following gentlemen were found to be present: Drs. D. Chase, A. P. Throop and E. R. Heath, of Palmyra; M. F. Sweeting, South Butler; S. D. Sherman and L. Goedecke, Lyons.

Dr. G. C. Childs was also present, also Dr. J. W. Sheldon, delegate from the Onondaga County Homœopathic Medical Society.

The minutes of the last meeting were read, corrected and approved.

On motion, the regular order of business was suspended, in order to proceed to the election of members.

Dr. G. C. Childs was then elected a member, and Dr. J. W. Sheldon an honorary member of the Society.

A communication from Dr. Martin, individualizing the remedies aconite, arsenicum, phosphorus and sulphur, was received and read.

Dr. Sheldon, of Syracuse (late of Memphis), read a report of the committee appointed by the Onondaga County Society, to investigate the case

of unequal development of twins, reported by Dr. Brewster, at the meeting of the State Society, held May 10, 1864.

Dr. Sheldon also read a paper entitled "A Case of Cerebro-Spinal Meningitis," and also one on "The Use of Cantharides in the treatment of Vesicular Erysipelas of the Face."

The latter paper called out remarks from a number of the gentlemen present.

Dr. Goedecke related a case of poisoning by rhus cured with bryonia, which was pronounced erysipelas, and treated as such with no beneficial results, by several of the most skillful physicians of the old school in New York city.

Dr. Sweeting related cases of vaccination with vaccine taken from the arm of a returned soldier, followed by terrible results. It was found that vaccinating with matter taken from one suffering from typhoid fever or chronic army diarrhœa, produced ulcers and sad constitutional effects.

Dr. Goedecke advocated the internal administration of variolin as a safer and better mode of vaccination.

The report of the committee appointed at the June meeting to prepare an historical sketch of the introduction and progress of the homœopathic system of practice in Wayne county, was called for.

The committee reported progress, and requested more time.

Dr. Chase read a paper, giving an account of his conversion to and adoption of homœopathy.

The following physicians were appointed delegates to the State Homœopathic Medical Society: Drs. A. G. Austin and M. F. Sweeting.

ALTERNATES.

Dr. L. Goedecke, Dr. E. R. Heath.

Delegate to the Oneida County Homœopathic Medical Society—Dr. D. Chase.

Delegate to the Onondaga County Homœopathic Medical Society.—Dr. A. P. Throop.

Delegate to the Cayuga County Homœopathic Medical Society.—Dr E. R. Heath.

The society then adjourned to meet at the office of Dr. S. D. Sherman, in the village of Lyons, on the second Tuesday of June, 1865, at 10 o'clock, A. M.

C.

PROCEEDINGS OF THE SECOND ANNUAL MEETING.

The second annual meeting of the society was held at the office of Dr. S. D. Sherman, in the village of Lyons, on Tuesday, June 13, 1865.

The meeting was called to order by the Vice President, Dr. M. F. Sweeting.

On calling the roll, the following gentlemen were found to be present: Drs. S. D. Sherman, of Lyons; A. G. Austin, of Williamson; O. C. Parsons, of Newark; M. F. Sweeting, South Butler; E. R. Heath, Palmyra.

The minutes of the last meeting were read and approved.

Communications were then read from the following gentlemen:

Dr. Carroll Dunham, of New York city, on "Pathogenetic Symptoms and Characteristic Symptoms."

Dr. A. R. Morgan, of Syracuse, a "Clinical report of a Case of Lepra Vulgaris with Eczema Chronicum," cured by oleander.

Dr. Heath read an article on "Burning Itching, with darting, stinging pains, as Characteristic Symptoms of Apis."

A long but profitable discussion ensued with respect to the repetition of doses.

Dr. Sherman related a case of paralysis produced by taking a dose containing two grains of the second trituration of apis.

Dr. Parsons reported cases proving the efficacy of apis in curing boils.

Points of interest were freely discussed, and a general exchange of opinions took place.

Dr. Sweeting reported a case of lupus of the nose cured by arsenicum.

Many interesting cases were incidentally elicited, illustrating the points taken in the discussion.

The usual annual election resulted in the choice of the following officers: Dr. D. Chase, President; M. F. Sweeting Vice President; E. R. Heath, Secretary and Treasurer.

Dr. S. D. Sherman was chosen censor to fill the vacancy caused by the absence of Dr. Throop.

Delegate to the Onondaga County Homœopathic Medical Society.—Dr. M. F. Sweeting.

Delegate to the Cayuga County Homœopathic Medical Society.—Dr. O. C. Parsons.

Delegate to the Monroe County Homœopathic Medical Society.—Dr. A. G. Austin.

Dr. A. G. Austin was appointed by the chair to deliver an address at the next meeting of the society.

The society then adjourned to meet at the office of Drs. Heath and Allen, in the village of Palmyra, on the first Tuesday in December, 1865, at 10 o'clock, A. M.

WESTCHESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Article 102. List of Officers, Delegates, Committees and Members, 1865.
103. Report of the Westchester County Homœopathic Medical Society. Proceedings of the First Meeting, held February 1, 1865. By the Secretary, T. C. FANNING, M. D., of Tarrytown.

ARTICLE CII.

List of Officers, Delegates, Committees and Members, 1865.

OFFICERS ELECTED FEBRUARY 1, 1865.

Dr. L. W. Flagg.....	Yonkers	President.
H. C. Jones.....	Mount Vernon	Vice President.
T. C. Fanning	Tarrytown	Secretary and Treas.

CENSORS.

Dr. Henry Beakley	Peekskill	Westchester county.
W. B. Ropes	Dobbs Ferry	do
E. V. Brown	Tarrytown	do

DELEGATES TO THE STATE HOMŒOPATHIC MEDICAL SOCIETY.

Dr. Henry Beakley. Dr. W. B. Ropes. Dr. L. W. Flagg.

COMMITTEES.

Drs. H. M. Smith, C. Dunham and L. W. Flagg, to procure seal for use of the society.

MEMBERS.

Dr. H. M. Smith	Hastings.....	Westchester county.
H. C. Jones.....	Mount Vernon	do
L. W. Flagg	Yonkers	do
H Kinsley.....	do	do
T. C. Fanning.....	Tarrytown	do
E. V. Brown	do	do
Henry Beakley.....	Peekskill	do
J. Johnson.....	Sing Sing.....	do
Carroll Dunham	Irvington	do
W. B. Ropes	Dobbs Ferry	do
A. L. Comstock.....	Mount Kisko	do
James D. Sloan.....	Cold Spring	Putnam county.
William E. Buckley,	Brewsters	do

The annual meeting is held on the last Wednesday in January; the semi-annual meeting at such time and place as may be determined upon at the annual meeting.

ARTICLE CIII.

Report of the Westchester County Homœopathic Medical Society. Proceedings of the First Meeting, held February 1, 1865. By the Secretary, T. C. FANNING, M. D., of Tarrytown.

Pursuant to a call issued by Dr. Flagg, of Yonkers, a meeting of homœopathic physicians was held at White Plains, Feb. 1st, to organize a County Homœopathic Medical Society in accordance with the act of the Legislature authorizing the same.

There were present, L. W. Flagg, M. D., Yonkers; H. C. Jones, M. D., Mount Vernon; H. M. Smith, M. D., Hastings; E. V. Brown, M. D., Tarrytown; H. Beakley, M. D., Peekskill; C. Dunham, M. D., Irvington; W. B. Ropes, M. D., Dobb's Ferry; T. C. Fanning, M. D., Tarrytown.

On motion of Dr. Smith the meeting was organized by electing Dr. Dunham chairman, and Dr. Fanning secretary.

Dr. Smith moved that we proceed to organize a Homœopathic Medical Society for the County of Westchester, in accordance with the laws of the State.

Drs. Flagg, Beakley and Smith were appointed a committee to draft a constitution and by-laws. After conferring together a constitution and by-laws were reported and adopted.

In accordance with the requirements of the constitution the following officers were elected: President, L. W. Flagg, M. D.; Vice-President, H. C. Jones, M. D.; Secretary and Treasurer, T. C. Fanning, M. D.; Censors, H. Beakley, M. D., W. B. Ropes, M. D, E. V. Brown, M. D.

Drs. Beakley, Ropes, and Flagg, were elected delegates to the State Society.

Drs. Smith, Dunham and Flagg were appointed a committee to procure a seal for the use of the society.

Dr. Beakley moved that the semi-annual meeting of the society be held at Yonkers on the third Wednesday in June, and that the next annual meeting be held also, at Yonkers. Carried.

Drs. Beakley and Dunham nominated for membership Dr. Jas. D. Sloan, of Cold Spring, and Dr. W. E. Buckley, of Brewsters, of the adjoining County of Putnam.

Drs. Smith and Beakley nominated for membership, Dr. A. L. Comstock, of Mount Kisko, and Dr. H Kinsley, of Yonkers.

Drs. Beakley and Jones nominated for membership, Dr. J. Johnson, of Sing Sing. Adjourned.

ARTICLE CIV.

Papers showing the Present Position of the Allopathic *Branch* of the Regular Medical Profession, with reference to the Homœopathic School. Also, the Success and Superiority of the Homœopathic System of Practice. Selected by H. M. PAINE, M. D., of Albany.

A. Intolerance of the Allopathic School.
American Medical Association.
College of Surgeons, Dublin.
Medicine and Politics.
B. Mortality in the Army and Navy, due to Allopathic Medication.
C. A London Life Assurance Company converted to Homœopathy, by the Evidence of Statistics.
The Hahnemannian Life Insurance Company.
D. Statistics of Homœopathic and Allopathic Hospitals. By E. C. FRANKLIN, M. D., of St. Louis, Mo.
E. Homœopathy. Translation from the Swiss "Bund."

A.

INTOLERANCE OF THE ALLOPATHIC SCHOOL—AMERICAN MEDICAL ASSOCIATION.

"Our readers will remember that at the time of the attempt to assassinate Mr. Seward, he was suffering from injuries received from being thrown from his carriage. His medical attendant was Dr. T. S. Verdi, a homœopathic physician, under whose care his recovery was progressing rapidly, and who, when the excitement at Washington was great and when every item was read with eagerness, wrote an account of his patient's illness, which was read before several homœopathic societies and published in some of our Journals. In this account Dr. Barnes, the Surgeon-General, was mentioned as one of those called in consultation, probably on account of his position. Hence the following telegram to the associated press of New York, published in the daily papers of June 28th.

Vindication of the United States Surgeon-General.—Boston, Tuesday, June 27. "At the late session of the American Medical Association, it was charged that Surgeon-General Barnes had been guilty of unprofessional conduct, by consulting with an irregular practitioner in the case of the Sewards. It is officially announced by D. R. H. Stover, of this city, one of the Secretaries of the Association, that the charge was dismissed in consequence of its emphatic and unequivocal denial by Dr. Barnes. The publication of this fact is important, as it had been omitted in the newspaper reports."

The following is from the New York Evening Post June 28th, 1865:

Medical Bigotry.—"At the late session of the American Medical Association at Boston, it was charged that Dr. Barnes, Surgeon-General of the United States army, had been guilty of unprofessional conduct, by consulting with an 'irregular' practitioner while in attendance upon Secretary Seward and his son. The allegation was promptly denied, but as the reporters present omitted to make a note of denial, it has been considered necessary to telegraph it to the newspapers.

"We infer from the language of the denial that, in the opinion of the Association, it would have been more 'professional' to let the Secretary and his son die from want of proper surgical advice than for Dr. Barnes to give his skill to a patient at whose bedside he would have to meet a practitioner, no matter how skillful, who did not happen to be 'regular.' Similar bigotry has been displayed all through this war. A persistent effort was made in a majority of the loyal States to exclude homœopathic physicians and eclectics, without regard to merit and scholarship, from the service. Occasionally a Governor was found, like Morton, of Indiana, who would not permit this middle age intolerance to control his surgical appointments.

"The people happily have outgrown this infantile condition, and will not suffer a few men to prescribe what shall be considered 'regular' in medicine, or orthodox in religion. The despatch to which we have alluded might have answered for an encyclical letter a century or two ago, but will hardly receive much respect at this period of the world's civilization."

Another Statement.

"Much surprise has been occasioned by a statement, under the telegraph head of the 27th, that in the late convention of the American Medical Association, held in Boston, Surgeon-General Barnes was held to account, and narrowly escaped expulsion, for "unprofessional conduct in *consulting* with an irregular practitioner in the case of the Sewards." In other words, the Surgeon-General was denounced for acting as a gentleman and a man of sense. The charges were based upon the following paragraph, published from a letter written by Dr. Verdi, Mr. Seward's family physician, shortly after the occurrence of that terrible assault:

"Surgeon-General Barnes, Drs. Norris, U. S. A.. and Wilson, Medical Inspector, were sent to my assistance, and I must say to their honor, that their energies were united with mine only to save and relieve the victims, and not one descended to that petty professional pique or ill-conceived pride of many practitioners in reference to associating with a medical gentleman of a different school of therapeutics. Our intercourse, professional and social, has been mutually courteous. We met on the same field, inspired by the same ambition to work together for the same end."

"A more courteous and commendable sentiment could not have been uttered by any man, and it painfully contrasts with the strange conduct of a convention, assembled for the avowed purpose of mutual instruction, which goes out of its way to denounce as "quacks and irregular practitioners" those who think differently from themselves, even in such a case as the present, when the person in question is a man educated in the best schools of Europe and America, and occupied a high professional and social position.

"It has been said that some injudicious friend of Surgeon-General Barnes, "deemed these charges false *in toto*." The facts are, that Drs. Wilson, Norris, and Verdi were associated in treating the cases, and that General Barnes daily consulted with them and *made the official reports*.

"In the convention, the Surgeon-General was censured for meeting Dr.

*Am. Hom. Review.

Verdi in that arena of woe and alarm without protesting against his presence, without ordering him out of the room, nay, without forgetting the national calamity, the momentous and perilous condition of several members of that unfortunate family, to descend to professional intolerance and bigotry, and make an issue of discord with the Doctor himself, who, after all, was the regular family physician, at his post faithfully in the discharge of his duties.

Dr. Verdi has been the physician of that distinguished family for nearly three years. We recollect his saving the life of Gen. Seward two years ago, when brought from the camp to Washington, with life fast ebbing away under a most formidable attack of dysentery. Dr. Verdi was also required at Auburn, when the same gentleman was low in typhoid fever; and we well remember his successful treatment of the fractured elbow joint of Assistant Secretary Seward last fall.

Why did not the same convention prosecute those worthy gentlemen of the regular army for consulting Dr. Gunning, a dentist of New York, and allowing him to apply an apparatus of his own, of wonderful ingenuity and success, to Secretary Seward's fractured jaw? Was not Dr. Gunning an "irregular practitioner?" He did not even pretend to be a practitioner of medicine; and yet what a lesson of skill in surgery he gave. There is no doubt that that apparatus saved Mr. Seward's jaw, and probably life. Why did the convention pass over all this in silence? They might have given a chance to the Surgeon-General to deny *in toto* any association with Dr. Gunning, of New York. But that was not homœopathy!

We do not propose to discuss the merits or demerits of allopathy or homœopathy, but speak only to deplore the narrow-minded intolerance of those medical men who assume the only authority of the medical profession, and the power to arraign before their self-made tribunal those who differ in the philosophical conception of the treatment of disease.

This country is progressive, *par excellence*, and we want no chains to the mind. We want a free exercise of our faculties, and, therefore, we oppose all attempts to make our people subservient to any oligarchy, whether political, religious, or medical. If we fight for our political freedom, we must also fight for our intellectual; if we want to rise above the condition of the old countries, we must break these foolish bonds of bigotry.*

COMMON SENSE.

STILL ANOTHER.

"We cannot refrain from remarking that the American Medical Association gained no credit for its insulting reference to homœopathists. Secretary Seward and the very respectable portion of our community, who prefer that mode of practice, have a right to decent politeness at the hands of so-called 'regular practitioners,' and it simply argues weakness on the part of the association, if it has no other arguments than sneers and insults. To characterize the 'course of the present Surgeon General (Barnes) in consulting with a homœopath in the case of Secretary Seward and son, and allowing a quack to prescribe medically whilst he was attending surgically, an

* New York Times.

offence of no mean proportions, the high position of the parties making the demoralizing effect the greater,' is simply ridiculous."*

College of Surgeons, Dublin.

"The aged Archbishop Whately was dying of *gangrena senilis*, and for the comfort of his family he wished to see a surgeon. His medical attendant was a member of the Dublin University and of the College of Surgeons, and had done nothing to forfeit his professional status; yet because he prescribed medicines in different doses and according to a principle only occasionally, not uniformly, adopted by the College of Surgeons, the surgeon declined to go and see the dying Archbishop, unless his Grace submitted to the ignominious condition of dismissing the physician who had been his comfort and support for years. The document deserves to be placed on record; it runs thus:

"Mr. A. presents his compliments to Dr. Scriven, and in reply to his note just received, begs to say that as his Grace, the Archbishop of Dublin, has decided that he will have no surgeon to visit him who will not meet Dr. Scriven in consultation, Mr. A. regrets that he cannot have the honor of prescribing for his Grace under circumstances which would be a direct violation of a recent ordinance of the College of Surgeons of Ireland, of which Dr. Scriven is aware."

"To this remarkable letter the Archbishop replied that he was 'so opposed to tyranny in any shape that things must go on as they were.' That is, he declined the attentions of the surgeon because he could not accept them without giving his countenance to tyranny; and the brave old man preferred to die true to himself rather than to give up the principle for which he had been contending during his whole life.†

Medicine and Politics.

"The practitioners of allopathic medicine are so very anxious to overthrow or detract from the merits of anything that is homœopathic they sometimes allow themselves to sink into the lowest quagmires of folly.

"The honorable Capt. Robert Grosvenor was one of the candidates of the Westminster election, and Dr. Tweedie was on the Captain's committee. The former gentleman was accused of being tinctured with homœopathy, whereupon Dr. T. wrote to ask him if the insinuation were true, for in case it was he should wish to withdraw his support. To this the gallant candidate sent the following reply: "Whenever I am ill, which, by the blessing of Providence, does not happen very often, I apply for advice and assistance to the doctor of my regiment, who is, to the best of my belief, a very orthodox practitioner." The doctor characterized this reply as "equivocal," and withdrew his name. The Lancet, with an ardent zeal for orthodoxy, holds him up as an example to his brethren.

"As a profession," says this journal, "we can have no faith in the political wisdom or leglislative fitness of a man who, on questions of medical and sanitary legislation, stands on the senseless platform of the homœopathic delusion. Dr. Tweedie will deserve and meet with the cordial approbation of his professional brethren. The question put is plain and distinct; the

* Boston Congregationalist. † Western Observer.

answer is singularly unsatisfactory. It remains for Captain Grosvenor to speak in language which cannot be mistaken. The profession will pause for his reply. The question admits of as clear an answer as one which relates to the extension of the suffrage or the vote by ballot. It must be borne in mind that the honest practitioners of medicine, in withholding their support from Captain Grosvenor, are acting from purely conscientious motives. They justly regard homœopathy as a very senseless, and withal a very dangerous error, and they could not consistently vote for a candidate for their suffrages who holds a contrary opinion."*

Captain Grosvenor published the following admirable reply to the Lancet in the Morning Post and other London papers:

Odium Medicum.

To the Editor of the Morning Post:

Sir—A gentleman of the name of Tweedie, a doctor of medicine, has, with two of his own, published a short note of mine in the Lancet, and the correspondence is accompanied by an article in that valuable journal, from which it appears that under pain of being allowed to bleed to death for want of orthodox medical assistance in the Westminster election, I am to denounce homœopathy as a dangerous and damnable heresy, and promise to do all I can to prevent its future practice in her majesty's dominions. As, according to the Lancet, the medical profession is in the act of pausing for a reply; and as, moreover, it is peremptory in the demand that such reply shall be immediate and final, perhaps you will allow me in your columns to state that I have no bias in favor of any particular variety of medical practice, but that, being firmly attached to the principles of liberty, I uphold every man's right to his own opinion, and to a practical expression of it as far as is consistent with the law. I am, therefore, resolutely opposed to anything like persecution arising from differences of opinion, whether in religious, political, or scientific matters. If Dr. Tweedie, and such other members of the medical profession as agree with the Lancet, should, on these grounds, withdraw their support from me at the ensuing election, I shall be grieved, but not surprised; because, from the tone of the remarks in that journal, I am under some apprehension of having been mistaken for the conservative candidate.†

I am, sir, your obedient servant,

R. W. Grosvenor.

The following extract, taken from a New York paper, refers to the preceding correspondence:

"We have heard more than was pleasant in 'Martin Chuzzlewitt' and in other books by English travelers of our partisan intrusion upon the sanctities of private life and opinion; but no candidate, to our knowledge, in this country, was ever pronounced unfit for a seat in the House of Representatives because he believed in homœopathy! Yet this measure of a man's patriotism and public ability has actually been applied within a few weeks in England, and a candidate has been declared by one of his own

* Western Observer. † London Homœopathic Review.

committee (an allopathic M. D., of course), unfit for the House of Commons, because he preferred the pellet to the bolus! A politician who, when sick, insisted upon infinitesimal doses of nux vomica or pulsatilla, and who coughed scornfully at honest calomel by the grain and trusty castor-oil by the spoonful, could not be otherwise than grossly unfit to legislate for the British Empire. He was remorselessly abandoned by his allopathic ally, who wrote at once to the newspapers, and published to all the world the Roman virtue with which he had vindicated pharmaceutical orthodoxy!

The writer of the above paragraph truly remarks that, "human nature is much the same at all times and everywhere." He, doubtless, was not aware that in this country a similar and equally abortive attempt had been made to force a candidate for Congress to publicly disclaim any proclivities in favor of homœopathy, thereby to make him *particeps criminis* in an effort to bring disgrace upon a large, respectable, and legally recognized class of the *regular* medical profession.

"In July, 1858, when Hon. F. P. Blair was a candidate for Congress, 'an inquiry' appeared in one of our daily papers, requesting him to state whether he was a trustee of the Homœopathic Medical College of this city. This was signed "Many Physicians." The day after, the following inquiry appeared:

AN INQUIRY.

MR. F. P. BLAIR—*Dear Sir:* We notice in the Republican of Wednesday, that "Many Physicians" have interrogated you with regard to your sympathy with homœopathic medicine. Allow me, on behalf of another equally time honored and scientific body, to ask whether it is true that you have made the unequivocal declaration that "the moon is *not* made of green cheese," contrary to the general faith of our learned men, since the time of Copernicus. MANY ASTRONOMERS.

"On the following Sunday and Monday, July 18 and 19, in the same paper (the Missouri Republican,) this appeared:

"——Quod mediocrum est,
Promittunt medici."

"HON. F. P. BLAIR—*Dear Sir:* We addressed a note to you through the daily Republican, of the 2d inst., requesting information in relation to your having been appointed one of the Trustees of the Homœopathic college —now about being established in this city. We also ask your Honor if you were using your influence to promote and establish this *ism* in medicine. It is a matter of regret to us, that you choose to take no notice of our interrogatories addressed to you in that communication. We are, therefore, forced to the conviction, that you were fully aware of the appointment, and that it was done with your entire approbation and consent, and that you are at this time using your influence to further the influence of these *quacks* and *charlatans* in the medical profession. With all these facts, before the physicians, and druggists, of this Congressional district, you surely cannot expect their support in this canvass. We do not question in the least your right or privilege to embrace any doctrine (however absurd) in medicine, or any other fanaticism that your Honor's fancy may choose. But, sir, when a man becomes a candidate for a public office, we

claim it as a right of every citizen, to know his opinions on all subjects wherein the welfare and happiness of the citizens are concerned. We imagine that no sane Catholic or Protestant, would suffer himself to be found closely associated with a modern "Latter Day Saint, or Mormon," with all of his fanatical views and opinions of the Christian religion, nor can you expect the members of our noble profession to be found associated with *Homœopathists*, and their supporters. We hold it to be our duty to expose error wherever it may show itself, and to establish truth in its stead.

Respectfully yours, MANY PHYSICIANS.

"Of what avail are trials like these to overthrow a science that stands upon the eternal rock of truth, and when members of the medical profession resort to the *finesse* of the ordinary politician, what becomes of that moral dignity which should be one of the attributes of the physician, or those rules of ethics by which the profession profess to be governed?"

Both the candidates above mentioned were elected to their respective offices.

See also articles of kindred import on pages 2, 15, 22, 39, 144, 154 and 158.

B.

MORTALITY IN THE ARMY AND NAVY DUE TO ALLOPATHIC MEDICATION.

"At the recent annual meeting of the British Association for the promotion of science, presided over by Sir Charles Lyell, the great geologist, there was read a paper contributed by Mr. E. B. Elliott, of Washington, "On Military Statistics of Certain Armies." From an abstract of this paper in *The Reader*, an able literary journal, published in London, we gather the following facts:

"The mortality of the United States Volunteers during the fourteen months, from July, 1861, to August, 1862, inclusive, was at the annual rate of 7 2-10 in every hundred men; of whom but 2 per cent were killed in action, and 5 2-10 per cent died of disease and accidents.

"Two per cent of deaths from rebel bullets, and over 5 per cent from disease and accidents. Wherever homœopathic physicians have had the privilege of comparing results of treatment with their allopathic opponents, they have demonstrated that the mortality, attending their treatment, is *not one-half* that of the allopathic school. Hence two and one-half per cent of the above loss could have been saved if homœopathy had been employed. The loss of life through allopathic dosing exceeds the loss from rebel missiles of war, and yet the fatal drugging system continues to receive support to the exclusion of more rational and humane homœopathy.*

C.

A LONDON LIFE ASSURANCE COMPANY CONVERTED TO HOMŒOPATHY BY THE EVIDENCE OF STATISTICS.

"The month of December, 1864, marks an epoch in the history of homœopathy, the memory of which will be ardently cherished by every homœopathic physician of the present generation; whilst to this period will frequent reference hereafter be made, as that from which is to be dated a remarkably rapid growth of the system in public estimation.

*Amer. Hom. Observer.

"On the 16th of December, 1864, there met together at the Freemasons' Hall, in London, under the presidency of Lord Henry Gordon, a number of individuals—in no respect identified with homœopathy, but simply concerned in the promotion of their own pecuniary interests—to consider the bearing of this system of medical treatment on the health and life of the community. The parties referred to are the directors and shareholders of a company entitled "The General Provident Assurance Company." The object of such institution is, we need hardly remark, commercial gain; and one of the principal means employed is an investigation, conducted with scientific severity, into the duration of human life, with all the concomitant circumstances which tend to affect the health of individuals and classes.

"Hitherto, the actuaries of these valuable institutions have disregarded, and therefore omitted from their calculations, the very important consideration of *medical treatment*. The keenness of competition, however, which characterizes every department of trade in the present day, and stimulates to their utmost extent the intellectual faculties of our men of business, has at length made itself felt, even amongst these very conservative establishments; and as a consequence, we find, in the case of the General Provident Assurance Company, the actuary directed to make an investigation into the hitherto unexplored region of *comparative medical treatment*—with what result it is scarcely necessary to inform the readers of this journal.

"To some at least of the directors of the Provident, this result no doubt presented itself in the light of a discovery; to none could it be otherwise than gratifying to learn that their labor had been rewarded by the acquisition of data, capable of being turned to very profitable account, in the following well-ascertained facts:—That persons treated by the homœopathic system enjoy more robust health, are less frequently attacked by disease, and when attacked, recover more rapidly than those treated by any other system; that with respect to the more fatal classes of disease, the mortality under homœopathy is *small* in comparison with that under allopathy; that there are diseases *not curable at all* under the latter system, which are *perfectly curable* under the former; finally, that the medicines prescribed by homœopathic physicians do not injure the constitution, whereas those employed by allopaths do not unfrequently entail the most serious, and in many instances fatal consequences.

"These data obtained, the directors had but one duty to perform alike to themselves and to their constituents, which was to summon a meeting of their shareholders, and to lay before them the facts they had collected, and the decision at which they had arrived, viz., "*to open a special section for persons treated by the homœopathic system at a* LOWER RATE OF PREMIUM THAN THAT CHARGED ON OTHER LIVES." And without a dissentient voice this proposition of their directors was adopted by the shareholders of the General Provident Assurance Company.

"Here, then, we have a testimony borne to the great practical value of homœopathy which nothing can gainsay—against which ridicule and abuse, the only weapons by which we have hitherto been attacked, can avail nothing. It is not with "individual opinion" that our opponents have *now* to deal—not even with the opinions of such men as the late Archbishop of Dublin; the late Dr. Gregory, Professor of Chemistry in the University of

Edinburgh; or the late Dr. Samuel Brown, a man worthy to rank with the illustrious Faraday—all of whom lived and died in the faith of the truth of homœopathy—not to mention a host of other names of men, living and dead, in every department of literature, science and art. It is not with *individual opinion*, we repeat, that our opponents have *now* to deal. They are now confronted with the result of an investigation directed to be made by a body of commercial men, for commercial purposes—conducted with that marvelous precision which has exalted the investigations of the assurance offices of this country to the rank of scientific verities—and endorsed by men whose intellectual faculties, when summoned to decide, must have been in liveliest exercise, seeing that they had to determine on a question in which they were without precedent for a guide, and in which their pecuniary interests were deeply concerned.*

ORGANIZATION OF A LIFE INSURANCE COMPANY BY PATRONS OF HOMŒOPATHY.

In this country an organization similar to the one just mentioned has been recently effected. A company named "The Hahnemannian Life Insurance Company," located at Cleveland, Ohio, has issued a circular containing the following statements:

"The Hahnemannian Life Insurance Company, organized under a perpetual charter, with a capital stock of $200,000, (with the privilege of increasing the same to $1,000,000,) proposes to issue policies of insurance upon the lives of persons who are patrons of homœopathy, at ten per cent less than on those of persons patronizing other modes of medical treatment.

"The stockholders of this company are among the wealthiest men of the country, and being individually liable, under the laws of Ohio, must render it as strong, if not stronger, than any stock or mutual life insurance company hitherto organized in the United States. Its board of directors is made up of experienced capitalists and eminent business men, whose names are not used simply for show.

"This company, based upon justice to the homœopathic profession and their patrons, looks to you for support against those who have hitherto ignored your abilities and the superiority of your mode of practice. While it vindicates you, and offers policies of insurance to your patrons at lower rates than any other company in the country, it pays a just and long merited tribute to the discoveries and labors of the illustrious Hahnemann.

"The fact is well known to the directorship of this company, that the ratio of mortality among the patrons of homœopathy, is less than among the patrons of other schools of practice; hence, the lessening of the premium for such, and hence the appointment of homœopathic physicians to examine its subjects for insurance."

This enterprise is one which commends itself to the homœopathic profession, not for pecuniary considerations merely, but also, to demonstrate by statistical evidence the most reliable that can be obtained, to the superiority of the homœopathic system of practice. This will prove a most

* Am. Hom. Review.

thorough and decisive test, the success of which is eminently calculated to promote the growth and prosperity of the homœopathic school throughout the world, and as success cannot be attained without the aid of the homœopathic profession, every member of our school will doubtless unhesitatingly give to it his undivided personal interest.

D.

Statistics of Homœopathic and Allopathic Hospitals.

By E. C. Franklin, M. D., *Professor of Surgery in the Homœopathic Medical College of Missouri.*

The following statistics of the St. Louis City Hospital (allopathic), as embodied in the report presented to the Hon. Board of Health by Dr. Paddock, resident physician of the city hospital, for the half year ending September 30th, 1864, presents in a tabular form the operations of that institution for the period referred to.

St. Louis City Hospital, *October* 1, 1864.

To the Honorable Board of Health:

Gentlemen: In accordance with the requirements of your honorable body, I herewith respectfully submit for your consideration the following report, being my semi-annual report of the transactions of the medical department of the hospital for the half year ending the 30th September, 1864.

The following tables show the whole number of patients treated, their diseases, the number discharged, died, and the number still remaining in the wards:

Diagnosis.	No. of cases.	Discharged.	Died.	Remaining.
Abscess	6	5	1	..
Anasarca	4	1	2	1
Asthma	5	4	..	1
Ascites	3	..	1	2
Abortion	1	1	..	..
Ambustio	7	5	1	1
Bronchitis	19	19	..	..
Cancer	7	2	4	1
Contusio	40	31	1	8
Conjunctivitis	2	2	..	..
Concussion of brain	2	..	2	..
Concussion of spinal cord	1	..	1	..
Curvature of spine	1	..	1	..
Cancrum oris	1	..	..	1
Delirium tremens	26	22	4	..
Debility	81	66	4	11
Dysentery	30	7	21	2
Diarrhœa	106	71	23	12
Dementia	1	1	..	..
Dislocation of hip-joint	1	..	..	1
Erysipelas	14	14	..	..
Eczema	1	1	..	..
Frost bite	2	2	..	..
Fistula in ano	1	1	..	.
Fever, intermittent	53	44	..	9
Fever, remittent	10	9	..	1
Fever, puerperal	1	..	1	..

Diagnosis.	No. of cases.	Discharged.	Died.	Remaining.
Fever, typhoid	10	2	7	1
Fractures	9	7	..	2
Furunculus	1	1	..	..
Gonorrhœa	13	12	..	1
Gleet	1	1	..	..
Hemorrhoids	4	4	..	..
Hemorrhage, pulmonary	1	..	1	..
Hernia, strangulated	2	1	..	1
Hæmoptysis	1	1	..	..
Hysteria	1	1	..	..
Icterus	4	3	..	1
Insanity	14	11	..	3
Inanition	1	..	1	..
Inflammation	2	2	..	..
Leucorrhea	4	4	..	..
Moribund	5	..	5	..
Mania a potu	2	2	..	..
Marasmus	2	..	2	..
Melancholy	1	1	..	..
Menorrhagia	2	1	..	1
Necrosis	8	6	1	1
Nephritis	1	1	..	..
Neuralgia	3	3	..	..
Œdema	1	1	..	..
Opacity of cornea	1	1	..	..
Ophthalmia	32	25	..	7
Orchitis	3	3	..	..
Pneumonia	23	10	12	1
Pregnancy and parturition	74	48	..	26
Phthisis pulmonalis	25	8	12	5
Pleurisy	4	4	..	..
Prolapsus uteri	2	2	..	..
Paralysis	8	5	2	1
Periostitis	2	2	..	..
Phlegmon	5	5	..	..
Premature labor	1	1	..	..
Paraplegia	1	..	..	1
Rheumatism	47	37	..	10
Rubeola	5	5	..	..
Syphilis	170	150	1	19
Scabies	5	5	..	..
Sprain	3	3	..	..
Sunstroke	5	1	4	..
Scrofula	2	2	..	..
Sore throat	1	1	..	..
Tumor	2	2	..	..
Toxemia	2	1	1	..
Tonsilitis	1	1	..	..
Tetanus	1	..	..	1
Ulcer	8	21	1	6
Variola	7	7	..	..
Vulnera	9	7	2	..
Varicose veins	1	1	..	..
Chorea	1	..	1	..
Total	990	731	120	139

The number of deaths has been 120 during the past half year, and one hundred and thirty-nine (139) are remaining in the wards under treatment.

The medical expenses for the half year ending last night have been $1,249.63, including $414.08, being the amount for medicines furnished the Health office, Small-pox, and Quarantine hospitals, which, being deducted from the total amount, leaves $835.55 as the actual cost for the medical department of this hospital.

It may be noticed that the medical expenses of the hospital for the past six months have been much less than they were for the corresponding months in preceding years, notwithstanding that the prices paid for all the principal medicines have been from two to four hundred per cent. above that formerly charged.

The average length of time in the hospital for each patient has been (excluding the insane) about nineteen (19) days.

I remain, gentlemen, very respectfully, your ob't servant,

R. H. PADDOCK, *Resident Physician.*

Per contra to this report, I will present the statistics of the homœopathic hospital under my charge, attached to the Cavalry depot of this city. This hospital was established by Capt. Ingham Coryell, C. Q. M. of the Western Division Cavalry Bureau, March 1st of the present year, for the purpose of affording medical and surgical treatment to the sick employees in the depot. To Mr. Yeatman, President of the Western Sanitary Commission, is this department indebted for the necessary supply of hospital furniture required for the use and comfort of the patients while inmates of the institution. The building selected for hospital purposes is situated at the western border of the Cavalry depot, and composes a part of the government buildings previously attached to the Benton barracks, which, in the early period of the rebellion, was occupied by troops stationed at this post The structure is built of rough boards, one story high, ventilated at the top with a verandah on either side, for protection from the boisterous storms of winter, as well as the excessive heat of summer. It is capable of furnishing accommodation for thirty patients, and can be increased to fifty if necessity requires One ward is used exclusively for surgical cases, and quite a number of fractures have been already successfully treated, besides a number of surgical operations have been performed resulting from accident or otherwise.

During the existence of the hospitals, the number of laborers, employees, &c., attached to the depot have averaged about 1,200; and, as the report shows, 833 sick and injured have been treated in the institution for the half year ending August 31, 1864. The following is a copy of the report as made to the C. Q. M. of the department:

Report of Sick and Injured treated in Cavalry Bureau Hospital for the half year ending August 31st, 1864, by E. C. FRANKLIN, *Surgeon in charge.*

DISEASES.	No. admitted	Discharged cured.	Died.	Remaining.	REMARKS.
Arthritis	1	1	..	..	
Abscess	8	8	..	..	
Amputation	1	..	1	..	Died from gangrene of the stump, eight days after the operation.
Bronchitis	31	31	..	..	
Catarrh	35	35	..	..	
Contusion	98	97	..	1	
Cholera morbus	4	4	..	..	
Diarrhœa	95	92	..	3	
Dysenteria	32	27	..	5	
Diphtheritis	3	3	..	..	
Erysipelas	4	4	..	..	
Enteralgia	1	1	..	..	
Eczema	1	1	..	..	
Fever, intermittent	44	44	..	..	
Fever, remittent	98	97	1	1	Complicated with meningitis, and terminating in typhoid.
Fever, typhoid	39	35	2	1	
Fracture	4	3	..	1	
Gastritis	11	11	..	..	
Gastralgia	1	1	..	..	
Gonorrhœa	3	3	..	..	
Hepatitis	6	6	..	..	
Herpes	3	3	..	..	
Hemorrhoids	2	2	..	..	
Icterus	3	3	..	..	
Impetigo	2	2	..	..	
Laryngitis	5	5	..	..	
Mania-a-potu	2	2	..	..	
Nephritis	1	1	..	..	
Neuralgia	2	2	..	..	
Ophthalmia	18	17	..	1	
Orchitis	6	6	..	..	
Otitis	3	3	..	..	
Parotitis	4	4	..	..	
Pericarditis	2	2	..	..	
Periostitis	3	3	..	..	
Pneumonia	13	13	..	..	
Pleuritis	6	6	..	..	
Rubeola	3	3	..	..	
Rheumatism	19	19	..	..	
Syphilis	10	10	..	..	
Sycosis	1	1	..	..	
Scabies	9	9	..	..	
Stomatitis	7	7	..	..	
Stricture	1	1	..	..	
Scorbutus	1	1	..	..	
Spinal meningitis	1	..	1	..	

Report—Continued.

DISEASES.	No. admitted.	Discharged cured.	Died.	Remaining.	REMARKS.
Tonsilitis	11	11	..	..	
Tumor	2	2	..	..	
Ulcer	17	16	..	1	
Varicose ulcer	3	3	..	..	
Varix	1	1	..	..	
Variola	8	8	..	..	
Vulnus incisio	52	51	..	1	
Sunstroke	1	1	..	..	
Tinea capitis	1	1	..	..	
Varioloid	2	2	..	..	
All other diseases	89	89	..	..	
Total	833	813	5	15	

Average length of time in Hospital, 12 days.

By reference to the figures, it appears that in the allopathic hospital with all the appliances of comfort, professional skill and attendance the city affords, the number of patients treated was 990, with a mortality of 120 and 139 remaining in hospital. This gives the number of deaths to those admitted in hospital as over 12 per cent., exclusive of those remaining. The record of the homœopathic hospital gives 833 cases admitted with *five* deaths and only 15 remaining in hospital, making a mortality of 6-10 of one per cent.—a clear gain over its rival institution of 11 and 4-10 per cent. So much for the *general* results; and, for fear of any carping about the matter, let us examine the comparative statistics of the *four specific* diseases treated in both institutions and their relative results.

In the allopathic hospital there were treated 30 cases of *dysentery*, with 21 deaths, making a mortality of 70 per cent.

In the homœopathic hospital there were treated 32 cases of *dysentery*, with *no deaths*.

Of *typhoid fever* there were 10 cases treated in the allopathic hospital, with 7 deaths, making a mortality of 70 per cent; while in the homœopathic hospital there were 39 cases treated, with only two deaths, making a mortality of only 5 and 1-10 per cent.

Of *diarrhœa* there were treated, in the allopathic hospital, 106 cases, with 23 deaths, or a mortality of over 22 per cent; while in the homœopathic hospital there were treated 95 cases of *diarrhœa*, and *no deaths*.

Of *pneumonia* there were treated, in the allopathic hospital, 23 cases, with 12 deaths, or a mortality of over 52 per cent. In the homœopathic hospital there were treated of *pneumonia* 13 cases, and *no deaths*.

Of the *four* diseases named, the admissions were more than one-sixth of the whole number received into the city hospital; and as the mortality of these four diseases exceeds in number that of any other four diseases, and

over one-half of the whole mortality, it is manifest that the diseases named were the leading and most serious maladies treated in that institution. Taking these four diseases conjointly, it appears, therefore, that 169 cases were admitted into the allopathic hospital, of which number 63 died—making a mortality of 37 and 2-10 per cent; while the whole number of such diseases admitted into the homœopathic hospital were 179 cases, and only 2 deaths—giving a mortality of 1 and 1-10 per cent. Or, to place the results of the treatment side by side, we have:

ALLOPATHIC.

Diseases.	No. of cases.	Died.	Per c'tage.
1. Dysentery	30	21	70
2. Typhoid fever	10	7	70
3. Diarrhœa	106	23	22
4. Pneumonia	23	12	52

Average mortality, 37 2-10 per cent.

HOMŒOPATHIC.

Diseases.	No. of cases.	Died.	Per c'tage.
1. Dysentery	30	0	0
2. Typhoid fever	39	2	5 1-10
3. Diarrhœa	95	0	0
4. Pneumonia	13	0	0

Average mortality, 1 1-10 per cent.

It is therefore clearly demonstrated that the homœopathic system of medicine is infinitely superior, as compared with the allopathic practice in the hospitals referred to, and that the record of mortality is largely in favor of the homœopathic system in the general results of hospital practice, while in the four principal diseases, and those most fatal in their tendencies, the comparison is even more overwhelmingly in favor of the homœopathic spstem of medicine.

With such a statement of facts, deduced by the statistics of these two medical institutions, as presented by their respective medical officers, will any one deny the superior advantages homœopathy possesses over its rival system of medicine, that boasts "the learning and investigation of all time?" With a record so largely in favor of homœcpathy, can any one be found so deaf to the humanitarian interests of the poor, who seek refuge in our medical asylums for protection from the ravages of disease, as to shut them out from the ark of safety that homœopathy extends in the hour of sickness and suffering?

Let our city fathers look well to this matter, and avoid the terrible responsibility that awaits them in the criminal neglect of a duty so plain to themselves and so vitally important to the poor who are received into our public hospitals.*

See also an article of like import on page 149, entitled "Comparative Mortality Statistics."

*Western Hom. Observer.

E.

HOMŒOPATHY—TRANSLATION FROM THE SWISS "BUND."

"The members of the allopathic medical profession in the council of Berne attacked homœopathy and the physicians who practiced it, in a sitting of the council on the 13th of March, 1863, in such a manner that a number of the homœopathic physicians of the said canton, who, by many years of study and experience, were convinced of the truth and advantages of this system, felt called upon to protest publicly against it in numbers 89 and 90 of the 'Bund.'"

The following is the translation of their protest:

"It is the lot of every great and newly discovered truth to be misrepresented and opposed, and this with the greater animosity the more it conflicts with old and established prejudices and interests of all kinds.

"This has happened to the homœopathic system of medicine in a very conspicuous manner.

"It is now sixty years since Hahnemann made public and taught the foundation of his new system of medicine. The bold reformer and his pupils were persecuted, ridiculed, and scorned by the so-called orthodox doctors, who declared their principles to be so ridiculous and nonsensical, that it would be below the dignity of a truly scientific man to make himself acquainted with the principles and practice of homœopathy. But homœopathy in its existence has given daily so many theoretical and practical proofs of its universal importance, that, both in its individuality and in its immense and incalculable consequences, it deserves to be classed amongst the most important discoveries of the age, and to be ranked as one of the rarest and most beneficial inventions that humanity has been ever blessed with.

"The great majority of allopathic physicians have no correct understanding of homœopathy, and judge of it only through the dim glasses of the prejudices of a thousand years. Few, if any, of those who oppose homœopathy have ever examined the matter thoroughly, as all those who have conscientiously done this have been soon convinced of the truth of the system and adopted its practice.

"Homœopathy can boast of a rich and scientific literature, and a great number of profound writings in all the languages of the civilized world.

"In Germany six medical journals are published, treating exclusively of homœopathy; in France and Belgium, five; in Great Britain, five; in Holland one; in Russia, one; in Italy, three; in Spain, two; in North America, seven; in Brazil, one.

"Homœopathy, although systematically opposed by its adversaries, and excluded from all public medical schools, with the exception of those in the United States, where there are six homœopathic medical colleges, possesses, nevertheless, many hospitals and dispensaries; as for example, three in Vienna, and one hospital and many dispensaries in London.

"The results obtained in these homœopathic hospitals will bear an advantageous comparison with those of the old school, even those which are under the immediate direction of the most renowned professsors of allopathy.

"In the hospital of St. Margarette, in Paris, there are two divisions, the one with one hundred beds, under Dr. Tessier, who treats his patients homœopathically; and the other, with ninety-nine beds, under Dr. Marotte, who treats his allopathically.

"The newly admitted patients are laid in the first free beds which have become empty, either in the one or the other section; the trials of the two therapeutic methods, therefore, take place under entirely similar circumstances. The mortality in both has given the following results. viz:

"Allopathic section: during 1849–51, 3,724 patients, 411 deaths, 11 per cent.

"Homœopathic section: during 1849–51, 4,663 patients, 399 deaths, eight per cent.

"Difference in mortality in favor of homœopathy of *three per cent.*

"The translator of these lines has collated during twelve years, in *eighty* instances, the yearly statements of the principal hospitals in Europe and America. The method of treatment in half of them was on the allopathic and the other half on the homœopathic system. The results in all these cases were on an average, even still more in favor of the homœopathic treatment than in that above mentioned.

"A pamphlet entitled 'Homœopathic Statistics, their Bearing on the Prosperity of the Working Classes and on Society in General, by Frederick Smith,' has lately been published, London, 1863. It contains conclusive testimony in favor of homœopathy.

"The directors of the hospital St. Margarette, in Paris, state in their report: 'With such results we are far from wishing to oppose the free practice of all systems of medical science, by prohibiting Dr. Tessier from treating his patients homœopathically. On the contrary, we desire him to continue his endeavors as long as they are useful to humanity.'

"The average duration of the time of sickness in the homœopathic section was 23 days; in the allopathic, 29 days, so that, thanks to homœopathy, a hospital with one hundred beds would be able to return 300 more patients yearly than if under allopathic treatment; or, in other words, a homœopathic hospital with one hundred beds would be equal to an allopathic hospital with one hundred and twenty beds.

"The cost of medicine in the allopathic section was, in the three years above mentioned, 23,522 francs; while in the homœopathic section, in the same time, only 300 francs.

"This shows that homœopathic treatment in its results not only equals but surpasses greatly that of allopathy. If the opponents of homœopathy continue to ascribe these results to the natural power or reaction on the part of the system, the imagination, the faith of the patient, or superior hygienic influences, as they are accustomed to do, they must, if consistent, deny all cure by art, and declare their large and repeated doses to be positively injurious.

"The time will soon come, and we hold it to be nearer than is generally supposed, when the so-called rational or physiological school will be forced to take an important step in advance. It can no longer remain stationary. It must carefully investigate and adopt homœopathy if it would still be considered a scientific school. The simple system of proving medicines

upon the healthy, noting the symptoms produced, and applying these remedies in practice, according to their specific working thus demonstrated, is the fundamental law discovered by Hahnemann, and deserves such investigation as can only lead to its final triumph and general adoption."

"The detractors of homœopathy in the great council of Berne, were influenced by blind prejudice alone; they did not adduce a single authenticated fact in support of their opinions. Per contra, may we not be permitted to quote the following from a recent work by Dr. Scheffler:

"I was on the point of giving my opinion on the different views which have been adopted theoretically by the several medical schools, commencing with homœopathy. I cannot deny that it was chiefly ridicule which was on the point of flowing from my pen, for all that I had heard and read of this school, contained such obvious opposition to rational science and general logic that I could but tax the whole of this so-called science as pure quackery. It struck me, however, that my entire knowledge of this school had been derived from its opponents, and I was unwilling to write a condemnation on pure foreign authority.

"How thankful I have been for this call of my conscience. I could never have forgiven myself the sin of a premature judgment, being convinced that I could not have done a greater injustice than in this instance.

"It is true that some of the homœopathic teachings, at the beginning of its existence, were intermixed with error, but these have been partly done away with, and partly have reference only to secondary things or explanations which do not regard principal facts.

"The fundamental law of homœopathy I declare to be an indisputable truth, and a germ capable of benefiting humanity in a high dergree, and I consider Hahnemann, its founder, not only a shrewd observer but a sound and eminent discoverer.

"After having gained this conviction nothing is more inexplicable to me than the blindness with which the opponents of homœopathy, belonging to the allopathic school, without previously examining for themselves, look down upon the younger branch of their science, and which has not only considerably influenced their own present practice in regard to doses and their repetition, but which has at the same time given proof of efficiency in thousands of instances to those of their friends and adherents who have trusted to it their bodily welfare.*

London Homœopathic Review.

ARTICLE CV.

Circular, addressed to the Homœopathic Medical Profession, of the State of New York. By the Secretaries of the State Medical Society—H. BARTON FELLOWS, M. D., Corresponding Secretary, H. M. PAINE, M. D., 104 State street, Albany, N. Y., Recording Secretary.

The object designed to be accomplished in the formation of the State Medical Society is, as stated in article first of the constitution, the "*advancement of medical science.*" To render this purpose practically effective, advantage is taken of the eight judicial districts into which the State is divided, by appointing one local committee in each district. These committees are appointed annually; are expected to act as chairmen in their respective districts; and to report regularly on *materia medica, epidemics, clinical medicine, and medical statistics.* The duties devolving upon these committees, about thirty in number, are stated in the following quotation from the by-laws:

"All committees on subjects relating to the advancement of medical science, shall be appointed for one year, and until their successors shall have been appointed they shall be deemed to have the various matters referred to them constantly under consideration; and it is hereby made their duty to report at each annual or semi-annual meeting of the Society."

I. *Committees on Materia Medica.*

The committees on materia medica are expected to take a deep interest in the work committed to their charge, and to extend to the Society and the cause their active co-operation. In their correspondence with the physicians in their respective districts, they should—

Set forth the importance of united effort and point out the mutual benefits resulting from such labor;

Urge all to engage personally in the work; and

Collect, arrange, and present the returns made to them for publication, in the Transactions of the Society.

In this department every physician has an opportunity directly and permanently to promote the advancement of medical science. While pathological research is essential to a correct knowledge of disease, accurate, careful and systematic trials of drugs are equally necessary to effect its removal. Every member of the profession, or nearly every one, can annually furnish the Society with a proving either upon himself or some other person. The importance of this labor cannot be over estimated. It is very clearly set forth in two articles published in this volume, entitled "Importance of an extensive and uniform system of drug proving," page 141, and "Enlargement of the materia medica," page 164. It is very desirable that a large number of physicians in the State should engage in the work, and that provings be confined, until finished, to *one drug only.*

II. *Committees on Epidemics.*

The committees on epidemics are composed in a similar manner, and have similar duties to perform. They present to the profession in all parts of the State a convenient opportunity to report, through the chairmen of the several district committees, the results of the most approved treatment of the various epidemics that may have prevailed in their respective localities. The annual publication of full reports from each district will serve to collect and render accessible to all the result of a vast amount of experience, that will prove of incalculable benefit to humanity and the profession. Any light that may be thrown upon the pathology and treatment of zymotic diseases, will prove of practical importance The report should embrace as fully as may be practicable, reliable, statistical information.

III. *Committees on Correspondence, or Clinical Medicine.*

It is very desirable that clinical reports, consisting of records of cases homœopathically treated, be prepared and presented at the meetings of the Society. With this end in view committees on correspondence or clinical medicine have been appointed. It is therefore the duty of the several district committees to collect all communications relating to any department of medical science, except materia medica and prevailing epidemics, which are assigned to special committees, and arrange them for presentation at the meetings of the Society, and prepare them for publ cation in the Transactions. In this department ample opportunity is afforded for enhancing the practical value of the Society. Let those who have not time or opportunity for elaborate articles, give brief accounts of interesting facts occurring in practice, or curative effects resulting from the use of certain medicines in particular diseases or groups of symptoms. Let each resolve to write out and communicate at the regular meetings even as few as three or four cases from practice. Inasmuch as moderate effort only is needed if it be general throughout the Society, to secure very gratifying and exceedingly valuable results, it is hoped this work will be earnestly undertaken by every member of the profession. The practical value of this report, like the preceding, can be vastly augmented by the communication of statistical information pertaining to the practice of medicine.

IV. *List of Judicial Districts.*

The first district consists of the city and county of New York.

The second district comprises the counties of Richmond, Suffolk, Orange, Kings, Westchester, Queens, Rockland, Dutchess and Putnam.

The third consists of the following counties: Columbia, Rensselaer, Sullivan, Ulster, Albany, Greene and Schoharie.

The fourth comprises the counties of Warren, Saratoga, St. Lawrence, Washington, Essex, Franklin, Clinton, Montgomery, Hamilton, Fulton and Schenectady.

The fifth consists of the following counties: Onondaga, Jefferson, Oneida, Oswego, Herkimer and Lewis.

The sixth includes the counties of Otsego, Delaware, Madison, Chenango, Tompkins, Broome, Chemung, Tioga and Cortland.

The seventh consists of the counties of Livingston, Ontario, Wayne, Yates, Steuben, Schuyler, Seneca, Cayuga and Monroe.

The eighth comprises the counties of Erie, Chautauqua, Cattaraugus, Orleans, Niagara, Genesee, Allegany and Wyoming.

A list of the several district committees is published on pages 27 and 28 of this volume.

V. *Reports of County Medical Societies.*

Another important desideratum is, the annual publication of correct and full reports of the several county homœopathic medical societies.

The secretaries of each of the county homœopathic medical societies in this State are requested to furnish the recording secretary of this Society, on or before the first day of January of each year, a report consisting of—

1. A list of officers and members of their respective societies, with their address in full.

2. Biographical notices of any who have died during the previous year.

3. The time of holding annual and regular meetings, together with a list of all medical committees, and a complete copy of the proceedings of each meeting.

4. A copy of all reports of general interest, also copies of addresses and communications on subjects relating to medical science.

VI. *Historical Sketch of Homœopathy.*

It is further important that the introduction and progress of the homœopathic school in each county should be published without further delay. Many of the pioneers of this system of practice are still living. They now have an opportunity to communicate facts and incidents of great professional and historic interest. This report should contain

A list of all the practitioners and their addresses in full.

The time of their adoption of this system of practice.

A biographical notice of deceased members of the profession.

VII. *Conclusion.*

If every homœopathic physician in this State would annually furnish the history of *a single clinical case*, and *a single drug proving*, the report would become a valuable contribution to medical science, and increasingly useful to the profession. The chairmen of the several district committees will arrange and classify all such communications, however fragmentary, and prepare them for publication. A suitable appreciation of so great a favor as the publication of the annual report will surely prove a powerful incentive to the homœopathic fraternity to labor earnestly and perseveringly for the advancement of medical science, and the perfection of the homœopathic system of practice. As a part of the *regular* profession, let us show by the published results of our labors, that we are disposed to contribute our quota towards the accomplishment of this desirable end. Ample opportunity is afforded for the publication of all suitable articles; the secretaries would, therefore, urge the profession to send them written communications for presentation at the annual meetings, and publication in the Transactions of the Society.

Papers already published elsewhere, but worthy of preservation and of general interest to the profession will be acceptable. It is desirable that the profession should keep constantly in view the wants of the Society in this respect. It represents, in a measure, the annual status of our school in this State; every effort should therefore be made to enhance the general interest in the Society and arouse the best intellect of our school in its behalf.*

Contributors of papers for publication should avoid the improper use of capital letters, and the underlining of words that are not designed to be italicized; should write their communications in a fair, legible hand, only upon one side of the paper, and commence the first page about half way down the sheet.

The secretaries desire to call attention of officers of county societies to the article entitled "Classification of counties," article 109, page 412, as it is designed to communicate full information respecting the election of delegates to the State Society, both as regards the number legally required and the time elections are to be held.

The statement at the conclusion of article 112, on page 421, shows that the delegated membership of the State Homœopathic Medical Society is nearly equal to that of the Allopathic Society, and that the excess in the total membership consists chiefly in the large number of honorary and permanent members, to which annual additions have been made for many years past; yet, with this advantage, the total membership of the former, indicating its *relative representative status*, is about thirty-three per cent. that of the living members of the latter. This encouraging evidence of the growth of our system should not render the practitioners of homœopathy any the less active and zealous in their efforts to promote its best interests. The importance of liberally sustaining the State Society to the full measure of its usefulness cannot be over estimated. One of the direct methods for its accomplishment is the increase of its members by the formation of county medical societies wherever there is a sufficient number of practitioners. There are now twenty-three county medical societies. This number may be increased at least *fifty per cent.* by the organization of societies, either in single counties, or by a union of two or more counties. In connection with this subject the secretaries desire to call attention to article 107, on page 405, entitled "Importance of Organizing County Homœopathic Medical Societies."

---

* It is perhaps unnecessary to call attention to the fact, that articles requiring *suitable lithographic illustrations are especially desirable.* Contributors are required, to furnish merely a sketch or diagram of the subject to be engraved.

ARTICLE CVI.

Circular addressed to the Homœopathic Medical Profession of the State of New York. By the Treasurer of the State Medical Society, L. B. WELLS, M. D.

The treasurer would respectfully state that the business of the Society necessarily involves the expenditure of a reasonable amount of funds; also, that at the present time (October), the expenses exceed the receipts. He would therefore request the officers of delinquent county medical societies, and permanent members still in arrears, to remit their dues promptly.

All communications respecting the financial affairs of the Society should be directed to Dr. L. B. Wells, 225 Genesee street, Utica, N. Y.

ARTICLE CVII.

Importance of Organizing County Homœopathic Medical Societies. Summary of Legal Requirements to be Observed.

The homœopathic system of practice has never attained a higher position of influence or usefulness than at the present time. With the exception only of exclusion from the public charities, it is in this State fully legalized and placed upon an entire equality with that of all others. The benefits of local and county associations are obviously of as great value to the homœopathic practitioner as they are to the physician of the old school. The influence of such associations will largely assist in elevating the standing and increasing the usefulness of the homœopathic system of practice; and, by affording the profession an opportunity for the mutual communication of experiences, will also prove eminently useful in diffusing a practical knowledge of the healing art. Inasmuch as progress in medical science is chiefly promoted by a comparison and interchange of opinions and the results of experience, medical societies are especially designed to promote these ends, and thus accomplish by association what cannot be effected by individual effort.

SUMMARY.

"Homœopathic physicians" are authorized to "organize county homœopathic medical societies."

"Five" physicians are necessary to form a society.

When there are not five legally qualified physicians in one county, they are permitted to "associate with the physicians and surgeons of an adjoining county" in forming a society.

The first meeting at which an organization is effected must be held "at the place where the county courts are appointed to be held in their respective counties."

"It is the duty of the secretary of each of the county medical societies to lodge in the office of the clerk of their respective counties, a copy of all the proceedings had at their first meeting."

The officers are, a president, vice-president, secretary, treasurer, and from three to five censors.

They are to be elected by ballot at a regular annual meeting.

The State Homœopathic Medical Society consists of delegates from county homœopathic medical societies, and each county society is entitled to as many delegates as there are "members of the Assembly from that county."

In order to act as a corporate institution a "seal" must be adopted.

County homœopathic medical societies should be organized throughout the State, in order

1st. To secure and permanently maintain a State Homœopathic Medical Society.

2d. To conform to the statutory enactments of the State, and secure the protection thus afforded. "Licensed physicians," or "physicians and surgeons authorized by law to practice their profession," are those only who are "members of county medical societies," or who have received a "diploma" from one of the "incorporated medical colleges in this State," and have "deposited a copy of such license with the clerk of the county where they reside." All others are considered as unlicensed practitioners, and although they may by the law of 1844 collect debts for services rendered, are yet liable in cases of alleged mal-practice, in a criminal action for a misdemeanor, and upon conviction may be imprisoned in a county jail. The licensed practitioner, however, although liable in a civil action for damages in such a case, cannot be imprisoned.

3d. To secure the legal right of teaching, which is conferred on those only who are "duly authorized by law to practice their profession."

ARTICLE CVIII.

Constitution and By-Laws of the Homœopathic Medical Society of the State of New York.

CONSTITUTION.

ARTICLE I.

Name and Object.—This association shall be known as the Homœopathic Medical Society of the State of New York, and its object shall be the advancement of medical science.

ARTICLE II.

Laws of the State deemed a part of the Constitution.—The laws of the State of New York, regulating the practice of medicine and Surgery, shall be deemed a part of this constitution.

ARTICLE III.

Officers, when and how to be elected.—The officers of the society shall be a president, three vice-presidents, recording secretary, corresponding secretary, and treasurer; all of whom shall be elected by ballot at an annual meeting.

Election of Censors.—The society shall also, at an annual meeting, elect twelve censors, any three of whom shall constitute a quorum.

Votes of a majority necessary to a choice, and term of office.—At all elections of officers, the votes of a majority of the members present shall be necessary to a choice; they shall hold their offices for one year, and until others shall be chosen in their places.

ARTICLE IV.

Duties of officers.—The duties of the officers shall be such as are prescribed by the laws of the State, and, in addition thereto, such as may be from time to time designated in the by-laws.

ARTICLE V.

How constituted.—The society shall be composed of delegates from each county homœopathic medical society and homœopathic medical college in this State, and such other members as may be designated in the by-laws.

ARTICLE VI.

Annual meeting.—The annual meeting of the society shall be held in the city of Albany, commencing on the second Tuesday of February in each year.

ARTICLE VII.

Quorum.—At any meeting of the society seven members shall constitute a quorum.

ARTICLE VIII.

Seal.—The society may have a common seal with a suitable device and inscription.

ARTICLE IX.

Amendments.—This constitution may be altered or amended by a vote of two-thirds of the members present, provided that notice of such alteration or amendment shall have been given in writing at the previous annual meeting.

BY-LAWS.

SECTION 1.—*Duties of the President.*

It shall be the duty of the president to

Preside at all meetings.—Preside at all meetings of the society, and call them to order at the appointed time.

Announce business.—Announce the order of business.

Put all questions to vote.—Put to vote all questions which occur in the regular order of business, and declare the result.

Decide questions of order.—Decide all questions of order, subject however to the usual appeal, which appeal shall not be debatable.

Appoint committees.—Appoint all committees not otherwise ordered.

Sign drafts upon the Treasurer.—Sign warrants or drafts upon the treasurer for such sums as shall be ordered at any annual meeting.

Receive from censors their opinion in writing.—Receive the written opinion of the censors in respect to the qualifications of the students examined by them.

Receive fee and pay it to the Treasurer.—Receive the sum of ten dollars for each diploma granted by the Society, and pay the same to the treasurer.

Appoint committees to prepare obituaries of deceased members.—In case of the decease of any member, appoint a committee composed of one or more members, to prepare and transmit to the secretary a professional obituary for publication in the Transactions of the Society.

Extra meetings.—Direct the secretary to call extra meetings, upon the written request of any seven members, explaining the reason for such action.

Deliver an address.—Deliver an address at the annual meeting or procure a substitute, and perform all other duties required by the laws of the State relating to medical science.

SECTION 2.—*Duties of the Vice Presidents.*

Duties of the Vice Presidents.—In the absence of the president, it shall be the duty of the vice presidents to perform, in the order of election, the duties devolving upon that officer, and such other duties as may be required by the Society.

SECTION 3.—*Duties of the Secretary.*

The duties of the secretary are to

Provide record book.—Provide a book for records.

Keep a record of all the proceedings.—Record therein the resolutions and proceedings of the Society.

Names of members.—The names of members and the date of admission of each.

Annual reports.—The annual reports made by officers and committees, and all such other things as a majority of the members shall think proper.

Deliver all books and papers to his successor.—Deliver the books and papers of the Society to his successor.

Proceedings of the first annual meeting.—Lodge in the office of the Secretary of State a copy of all the proceedings had at the first annual meeting.

Give notice of all meetings.—Give previous notice of at least two weeks, by letter or otherwise, to each member, of all meetings of the Society.

Notify chairman of each committee.—Notify the chairman of each committee of his appointment, which notice shall contain the name of his colleagues, and shall state the nature of the business referred.

Sign all acts and proceedings.—Authenticate, by his signature, all the acts and proceedings of the Society.

Preserve all documents and papers belonging to the Society.—Preserve the documents and other papers belonging to the Society, and allow none to pass out of his hands or be copied without the consent of the Society expressed by resolution.

Present communications to the Society and conduct its correspondence.—Receive and lay before the Society all communications addressed to it by persons other than members, and generally to conduct the correspondence of the Society.

Duties at the meetings of the Society.—At each meeting record the names of all the members present, read the minutes of the one preceding it, and all papers ordered by the President or by the Society.

Divide delegates into four classes.—Divide the delegates to the Society into four classes, in compliance with the sixth section of these by-laws.*

Notify the secretaries of county societies.—Notify the secretaries of the respective county homœopathic medical societies whenever the seats of any of the delegates become vacant.*

Publish lists of all the members.—Cause to be annually published in the Transactions, lists of all the members of the Society.†

SECTION 4.—*Duties of the Treasurer.*

The duties of the treasurer are to

Receive and be accountable for funds of the Society.—Receive and be accountable for all moneys belonging to the Society, and

Pay out all sums ordered by the Society.—Pay out on the warrant of the president, such sums (subject to draft) as may be agreed upon at the annual meeting.

Report annually.—Report in writing at each annual meeting.

SECTION 5.—*Duties of the Censors.*

The duties of the censors are to

Examine students.—Examine carefully and impartially each student presenting himself as a candidate for license to practice medicine and surgery, and report their opinion in regard to his qualifications in writing, to the president.

Decide all questions of appeal.—Decide all questions of appeal from county homœopathic medical societies relating to the examination or qualifications of students.

---

* See article 109, entitled "Classification of Counties," page 412.

† See article 110, entitled "List of Honorary Members," page 413; article 111, entitled "List of Permanent Members," page 414, and article 113, entitled "List of Delegates," page 417.

SECTION 6.—*Members.*

Ratio of delegates from county homœopathic medical societies.—Each county homœopathic medical society in this State, is entitled to elect as many delegates to this Society as there are members of Assembly from their respective counties;

From each homœopathic medical college.—Each homœopathic medical college in this State may respectively elect one delegate to this Society.

Permanent members.—The Society may elect sixteen permanent members, not to exceed two annually from any one senatorial district, previous nomination at an annual meeting being a prerequisite.

Privileges of.—Persons so elected shall be entitled to all the privileges of membership.

Six honorary members may be annually elected, previous nomination required.—The Society may elect honorary members, non-residents of this State, not to exceed six in number in any one year, the names of such persons having been presented at least one year previous to their election.

Privileges of.—Honorary members shall not be entitled to vote at the meetings of the Society, or be subject to taxation.

Delegates to be divided into four classes.—Delegates to this Society shall be divided into four classes, one of which shall go out of office annually; and it is hereby made the duty of the secretary to classify them so as to keep the number as nearly equal as possible.

Honorary degree of Doctor of Medicine to be conferred by Regents of the University, and who are eligible to nomination.—The Society may annually recommend the names of four persons to the Regents of the University for the honorary degree of Doctor of Medicine; provided that the persons so recommended shall possess good moral and professional standing, shall have attained the age of forty-five years, and shall have received not less than two-thirds of the votes of the members present at any annual meeting. The mode of nomination shall be as follows: The Society shall, by open nomination, present the names of any number of physicians, and afterwards the names of the candidates, or such of them as each member shall please to vote for; the number to be voted for at one ballot shall not exceed four, and the names of those only who shall have received two-thirds of the votes of the members present shall be presented.

SECTION 7.—*Fees.*

County societies to contribute half a dollar for each member.—At the annual meeting the Society may recommend the county medical societies to contribute half a dollar for each member of their associations respectively—also;

Members taxed one dollar annually.—Assess a tax of one dollar, including the sum above mentioned, upon each member, delegated and permanent, of this Society.

SECTION 8.—*County Societies.*

Duties of the secretaries of the county societies.—The secretaries of each of the county homœopathic medical societies in this State, are requested to furnish the recording secretary of this Society, on or before the first day of January of each year, a report, consisting of

1. A list of officers and members of their respective Societies, with their address in full.

2. Biographical notices of any who have died during the previous year.

3. The time of holding annual and regular meetings, together with a list of all medical committees, and a complete copy of the proceedings of each meeting.

4. A copy of all reports of general interest, also copies of addresses and communications on subjects relating to medical science.

SECTION 9.—*Communications.*

Publication of communications.—Communications read before the Society become its property, to be deposited in its archives; but no paper shall be published as a part of the Transactions without having been submitted to the action of the committee on publication.

SECTION 10.—*Committees.*

Executive committee to be appointed.—There shall be appointed by the president, for each successive meeting, in advance, an executive committee, whose duty it shall be to

Duties of.—Arrange the sessions of the Society, ascertain the names and credentials of those in attendance, learn what papers and communications members may have with them to present, and so arrange all business matters of the Society as to promote the efficiency and usefulness of the sessions. The secretary shall be chairman; other members of the committee shall reside in the place where the next meeting is to be held;

Nominating committee to be appointed; duties of.—At each annual meeting a committee on nominations shall be appointed to nominate all officers of the Society, permanent and honorary members, the usual medical committees, the publishing committee, and delegates to other homœopathic medical societies.

Duties of medical committees.—All committees on subjects relating to the advancement of medical science shall be appointed for one year, and until their successors shall have been appointed they shall be deemed to have the various matters referred to them constantly under consideration; and it is hereby made their duty to report at each annual or semi-annual meeting of the Society.

SECTION 11.—*Order of Business.*

Order of business.—At the meetings of the Society the following shall be the regular order of business:

1. Communication from the president.
2. Reading of minutes of last meeting.
3. Report of the executive committee on credentials.
4. Election of permanent and honorary members previously nominated.
5. Appointment of the nominating committee.
6. Report of the treasurer.
7. Annual address; evening of the first day.
8. Reports of medical committees.
9. Presentation of miscellaneous reports and communications.
10. Report of the nominating committee and election of officers.
11. Adjournment.

SECTION 12.—*Amendments.*

Amendments.—These by-laws may be altered or amended at any regular meeting by the vote of a majority of members present.

ARTICLE CIX.

Classification of Counties, with reference to the election of Delegates.

The State Medical Society is designed to be essentially a representative body, composed primarily of delegates from the several county medical societies. County medical societies are required by statute to elect, every four years, as many delegates to the State society as there are members of Assembly from their respective counties. The State society is also legally authorized to elect permanent and honorary members. See list of delegates, article 112, page 417; list of permanent members, article 111, page 414; and list of honorary members, article 110, page 413.

The following statutory regulations require the election every four years of delegates by the county medical societies; also a division into four classes:

"Said (State) society shall be composed of as many members from each county medical society as there are members of Assembly from such county, elected by ballot at their annual meeting.

"The members now composing the medical society of the State of New York from each of the four great districts, shall remain divided into four classes, and one class from each of said districts shall go out of office annually.

"In case there shall be an addition to the number of members composing the medical society of the State, that in that case it shall be in the power of the said society, at any of their annual meetings, and as often as they shall judge necessary, to alter and vary the classes in such manner as that one-fourth of the members from each of the great districts, as near as may be, shall annually go out of office.

"It shall be the duty of the secretary of the medical society of the State of New York, whenever the seats of any of the members shall become vacant, to give information of the same to the respective county societies, to the end that such county societies may supply such vacancy at their next meeting."—*Revised Statutes.*

By means of the following arrangement county medical societies are divided into four nearly equal classes, thus securing the annual election of about one-fourth the whole number of delegates to the State society.

Inasmuch as one-fourth the number of delegates go out of office at the close of each year, all re-elections should be held at the *annual* meetings preceding the expiration of their respective terms.

Officers of county medical societies are particularly requested to examine this classification, in order to ascertain when the election of delegates by their respective societies is required. They are also invited to consult the list of permanent members on page 414 in order to exclude the names of any who may previously have been elected permanent members of the State society. Whenever delegates are elected permanent members, others should be chosen in their places.

TERM OF OFFICE EXPIRES DECEMBER 31, 1865.

Essex,	Niagara,	Otsego,	Schoharie,
Greene,	Oneida,	Putnam,	Schuyler,
Jefferson,	Onondaga,	Rensselaer,	Warren.
Lewis,	Ontario,	Saratoga,	

TERM OF OFFICE EXPIRES DECEMBER 31, 1866.

Albany,	Chautauqua,	Rockland,	Tioga,
Broome,	Columbia,	Schenectady,	Tompkins,
Cayuga,	Erie,	Steuben,	Wyoming,
Cattaraugus,	Richmond,	Sullivan,	

Hahnemann Academy of Medicine.

TERM OF OFFICE EXPIRES DECEMBER 31, 1867.

Chenango,	Hamilton,	Queens,	Washington,
Clinton,	Herkimer,	St. Lawrence,	Wayne,
Cortland,	Madison,	Suffolk,	Westchester.
Fulton,	New York,	Ulster,	

TERM OF OFFICE EXPIRES DECEMBER 31, 1868.

Allegany,	Franklin,	Monroe,	Oswego,
Chemung,	Genesee,	Montgomery,	Seneca,
Delaware,	Kings,	Orange,	Yates,
Dutchess,	Livingston,	Orleans,	

Homœopathic Medical College of the city of New York.

The election of delegates during the year 1865 is, therefore, required in the following counties: Oneida, Onondaga, Ontario, Otsego, Rensselaer, and Saratoga.

In 1866, Albany, Broome, Cayuga, Chautauqua, Columbia, Erie, Steuben, Chemung, and Hahnemann Academy of Medicine.

In 1867, Madison, New York, Ulster, Washington, Wayne, and Westchester.

In 1868, Dutchess, Kings, Livingston, Oswego, and Homœopathic Medical College of the city of New York.

ARTICLE CX.

LIST OF HONORARY MEMBERS.

"The Society may elect honorary members, non-residents of this State, not to exceed six in number in any one year, the names of such persons having been presented at least one year previous to their election. Honorary members shall not be entitled to vote at the meetings of the Society, or be subject to taxation."—*Extract from the By-Laws.*

Names.	Residence.	Year.
Dr. George D. Beebe	Chicago, Illinois	1865.
Edwin M. Hale	Chicago, Illinois	1865.
William Tod Helmuth	St. Louis, Missouri	1865.
Constantine Hering	Philadelphia, Pennsylvania	1864.
A. Howard Okie	Providence, Rhode Island	1865.
John C. Sanders	Cleveland, Ohio	1865.
I. T. Talbot	Boston, Massachusetts	1864.
David Wilson	London, England	1865.
E. C. Witherill	Cincinnati, Ohio	1864.

NOMINATED FOR HONORARY MEMBERSHIP.

Dr. Elial T. Foote	New Haven, Connecticut	1865.
Samuel Gregg	Boston, Massachusetts	1865.
Charles D. Harris	Madison, Wisconsin	1865.
William E. Payne	Bath, Maine	1865.
Francis Sims	Philadelphia, Pennsylvania	1865.
David S. Smith	Chicago, Illinois	1865.

ARTICLE CXI.

Senatorial District List of Permanent Members.

The State Medical Society is designed to be essentially a representative body, composed primarily of delegates from the several county medical societies. County medical societies are required by statute to elect, every four years, as many delegates to the State Society as there are members of Assembly from their respective counties. The State Society is also legally authorized to elect annually *sixty-four* permanent members. The Society, however, has not thus far deemed it important to elect more than *sixteen* annually. See list of delegates, page 417; honorary members, page 413, and classification of counties, page 412.

The following extract from the Revised Statutes provides for the election of permanent members:

"It shall and may be lawful for the medical society to elect annually such a number of permanent members as they may from time to time determine by their by-laws, not to exceed two annually from any one senatorial district."

The following extract from the by-laws of the Society authorizes the annual election of *sixteen* permanent members, and confers upon them equal privileges with the delegates from the county societies:

"The Society may annually elect sixteen permanent members, not to exceed two annually from any one senatorial district, previous nomination at an annual meeting being a prerequisite. Persons so elected shall be entitled to all the privileges of membership."

By vote of the Society, at the annual meeting held May 12, 1863, the provision of the by-laws requiring previous service as a delegate, was annulled; permanent members can now be selected from among the profession at large throughout the State.

District.	Names.	Residence.	County.	Year.
2–3....	Dr. G. H. Billings	Brooklyn	Kings	1865
	Samuel S. Guy	do	do	1865
	Henry Minton.....	do	do	1864
	R. C. Moffat	do	do	1863
	Edw. T. Richardson.	do	do	1865
	P. P. Wells.....	do	do	1863
	William Wright....	do	do	1864
4–7....	Alonzo S. Ball	New York.....	New York...	1863
	Samuel B. Barlow ..	do	do ...	1864
	Jacob Beakley	do	do ...	1863
	Egbert Guernsey...	do	do ...	1865
	Henry D. Paine.....	do	do ...	1863
	Daniel D. Smith....	do	do ...	1864
	Henry M. Smith	do	do ...	1865
8....	Carroll Dunham ...	Irvington	Westchester.	1865
11....	Abijah P. Cook	Hudson	Columbia ...	1863

District.		Names.	Residence.	County.	Year.
12....	Dr.	Richard D. Bloss ...	Troy	Rensselaer ..	1865
		Charles M. Mosher..	Easton.....	Washington .	1863
		William S. Searle ..	Troy	Rensselaer ..	1865
13....		E. Darwin Jones ...	Albany	Albany	1864
		Horace M. Paine....	do	do	1864
		Lester M. Pratt....	do	do	1864
15....		Benjamin F. Cornell.	Moreau Station	Saratoga....	1863
16....		David H. Bullard...	Glens Falls.....	Warren.....	1864
		H. A. Houghton....	Keeseville.....	Essex.....	1865
19....		Erastus A. Munger .	Waterville	Oneida.....	1863
		Lucian B. Wells....	Utica	do	1864
20....		T. S. Blodgett.....	Cooperstown	Otsego	1864
		Solomon C. Warren .	Otego	do	1865
		J. Ralsey White....	Butternuts	do	1863
22....		J. G. Bigelow.....	Syracuse	Onondaga...	1865
		Lyman Clary.....	do	do ...	1863
		William A. Hawley..	do	do ...	1865
24....		Titus L. Brown.....	Binghamton	Broome	1863
25....		C. William Boyce ..	Auburn	Cayuga	1863
		H. Barton Fellows..	Sennett	do	1865
26....		G. Z. Noble.....	Dundee	Yates.....	1864
27....		H. S. Benedict	Corning	Steuben.....	1863
		P. W. Gray.....	Elmira	Chemung....	1865
		William Gulic.....	Weston	Schuyler	1865
29....		D. F. Bishop	Lockport.....	Niagara.....	1864
31....		A. H. Beers.....	Buffalo.....	Erie.....	1865
		R. R. Gregg	do	do	1865
		A. R. Wright.....	do	do	1863
32....		Asa S. Couch.....	Fredonia	Chautauqua .	1864
		Cornelius Ormes....	Jamestown.....	do .	1863

Whole number of permanent members, 46.

NOMINATED FOR PERMANENT MEMBERSHIP.

District.		Names.	Residence.	County.	Year.
2–3....	Dr.	Albert Wright	Brooklyn.....	Kings	1865
		Bernard Fincke	do	do	1865
4–7....		John F. Gray	New York.....	New York...	1865
		Edwin M. Kellogg..	do	do ...	1865
		Benjamin F. Bowers.	do	do ...	1865
12....		John Sarle.....	North Granville...	Washington .	1865
		W. G. Wolcott.....	Whitehall	do .	1865
15....		Samuel J. Pearsall..	Saratoga	Saratoga....	1865
19....		Jonas C. Raymond..	Utica	Oneida	1865
		William H. Watson.	do	do	1865
		M. M. Gardner	Holland Patent....	do	1865
21....		T. Dwight Stow	Fulton	Oswego.....	1865
		Ethan A. Potter	Oswego	do	1865
22....		A. R. Morgan	Syracuse	Onondaga...	1865
23....		G. B. Palmer.....	East Hamilton	Madison	1865
25....		Horatio Robinson, Sr.	Auburn	Cayuga	1865
		Edwin R. Heath....	Palmyra	Wayne	1865
30....		O. D. Hamilton.....	York	Livingston ..	1865
		I. J. Meacham.....	Nunda	do ..	1865
31....		L. M. Kenyon.....	Buffalo.....	Erie.....	1865
32....		George A. Hall	Westfield	Chautauqua .	1865

The following list of senatorial districts is appended for the purpose facilitating the correct nomination and election of permanent members:

1. Consists of the counties of Queens, Richmond and Suffolk.
2. do wards 1—5, 7, 11, 13 and 19, in the city of Brooklyn.
3. do do 6, 8—10, 12, 14—18, do do
4. do do 1—8, and 14, in the city of New York.
5. do do 10—12 and 17, do do
6. do do 9, 15, 16 and 18, do do
7. do do 12, 19—22, do do
8. do of the counties of Putnam, Rockland and Westchester.
9. do do Orange and Sullivan.
10. do do Greene and Ulster.
11. do do Columbia and Dutchess.
12. do do Rensselaer and Washington.
13. do do Albany.
14. do do Delaware, Schenectady and Schoharie.
15. do do Fulton, Hamilton, Montgomery and Saratoga.
16. do do Clinton, Essex and Warren.
17. do do Franklin and St. Lawrence.
18. do do Jefferson and Lewis.
19. do do Oneida.
20. do do Herkimer and Otsego.
21. do do Oswego.
22. do do Onondaga.
23. do do Chenango, Cortland and Madison.
24. do do Broome, Tioga and Tompkins.
25. do do Cayuga and Wayne.
26. do do Ontario, Seneca and Yates.
27. do do Chemung, Schuyler and Steuben.
28. do do Monroe.
29. do do Genesee, Niagara and Orleans.
30. do do Allegany, Livingston and Wyoming.
31. do do Erie.
32. do do Cattaraugus and Chautauqua.

ARTICLE CXII.

JUDICIAL DISTRICT LIST OF DELEGATES.

The State Medical Society is designed to be essentially a *representative* body, composed primarily of *delegates* from the several county medical societies. County medical societies are required by statute to elect, every four years, as many delegates to the State Society as there are members of Assembly from their respective counties. The State Society is also legally authorized to elect *permanent* and *honorary* members. See list of permanent members, page 414; list of honorary members page 413; also classification of counties, page 412.

The names of delegates representing county societies at the present time are printed in capitals; those whose term of office has expired, in Roman letters.

FIRST DISTRICT.

Comprising the City and County of New York.

New York County Homœopathic Medical Society—17 Delegates.

Names.	Residence.	Elected.	Term exp.
Dr. M. Freleigh	New York	1861	....
A. Houghton	do	1861	....
E. Lovejoy	do	1860	....
Thomas F. Smith	do	1861	....
L. de V. Wilder	do	1862	....
*A. D. Wilson	do	1861	....
Clark Wright	do	1861	....
ALONZO S. BALL	do	1861..1863	1867
SAMUEL B. BARLOW	do	1861..1863	1867
EDWARD BAYARD	do	1861..1863	1867
JACOB BEAKLEY	do	1861..1863	1867
GEORGE E. BELCHER	do	1863	1867
BENJ. F. BOWERS	do	1861..1863	1867
BENJ. F. JOSLIN	do	1861..1863	1867
EGBERT GUERNSEY	do	1861..1863	1867
LEWIS HALLOCK	do	1863	1867
F. W. HUNT	do	1863	1867
EDWIN M. KELLOGG	do	1863	1867
ROBERT McMURRAY	do	1861..1863	1867
JOHN McE. WETMORE	do	1863	1867
ERASTUS E. MARCY	do	1861..1863	1867
DANIEL D. SMITH	do	1861..1863	1867
HENRY M. SMITH	do	1861..1863	1867
JOHN A. WARD	do	1863	1867

SECOND DISTRICT.

Comprising the Counties of Dutchess, Kings, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester.

Dutchess County Homœopathic Medical Society—2 Delegates.

Dr. Ernst F. Hofmann	Poughkeepsie	1861	....
JOHN HORNBY	do	1863..1864	1868
FEDERAL VANDERBURGH	Rhinebeck	1861..1864	1868

* Deceased.

Westchester County Homœopathic Medical Society—3 delegates.

Name.	Residence.	Elected.	Term ex
Dr. HENRY BEAKLEY.....	Peekskill	.....1865....	186
W. B. ROPES.....	Dobb's Ferry..	.....1865....	186
L. W. FLAGG..... ...	Yonkers.....	.....1865....	186

Kings County Homœopathic Medical Society—7 delegates.

Dr. G. Blœde.....	Brooklyn	.....1863....	...
J. P. DUFFIN.....	do	1863..1864....	18
BERNARD FINCKE.....	do	.....1 64....	18
SAMUEL S. GUY	do	1863..1864....	18
HENRY MINTON.....	do	1863..1864....	18
W. L. R. PERRINE	do	1863..1864....	18
EDWARD T. RICHARDSON	do	1863..1864....	18
WILLIAM WRIGHT.....	do	1863..1864....	18

THIRD DISTRICT.

Comprising the counties of Albany, Columbia, Greene, Rensselaer, Schoha Sullivan and Ulster.

Albany County Homœopathic Medical Society—4 delegates.

Dr. Henry D. Paine.....	New York	.....1860....	.
.. E. DARWIN JONES.....	Albany	1860..1863....	1
LESTER M. PRATT.....	do	1860..1863....	1
.. J. W. COX.....	do	1860..1863....	1
.. WILLIAM H. RANDEL.....	do	.....1863....	1

Columbia County Homœopathic Medical Society—2 delegates.

Dr. Abijah P. Cook.....	Hudson.....	.....1861....
T. T. CALKINS.....	Coxsackie.....	1861..1863....
EDMUND HOLLEY.....	Hudson.....	.....1863....

Rensselaer County Homœopathic Medical Society—3 delegates.

Dr. *Richard Bloss.....	Troy	.....1860....
Simeon A. Cook	do	.....1860....
H. R. Fuller	Lansingburgh .	.....1860....
William S. Searle	Troy	.....1863....
M. W. CAMPBELL	do	.....1863....
CHARLES C. CARPENTER.	do	.....1863....
JOHN YOUNGLOVE.....	do	.....1865....

Ulster County Homœopathic Medical Society—3 delegates.

Dr. G. D. CRISPELL.....	Kingston	.....1865....
LEVI SHAFFER.....	do	.....1865....
THEORORE QUICK.....	Milton.....	.....1865....

FOURTH DISTRICT.

Comprising the counties of Clinton, Essex, Franklin, Fulton, Hamilton, gomery, Saratoga, Schenectady, St. Lawrence, Warren and Washingt

Saratoga County Homœopathic Medical Society—2 delegates.

Dr. Samuel J. Pearsall	Saratoga Sp'gs	.....1861....
EDGAR B. COLE	Waterford	.....1865....
ZINA CLEMENTS	do	.....1865....

* Deceased.

Washington County Homœopathic Medical Society—2 delegates.

Name.	Residence.	Elected.	Term exp.
Dr. CHARLES LOWREY.....	Union Village.	.....1865....	1867
H. K. BENNETT.....	Hartford.....	.....1865....	1867

FIFTH DISTRICT.

Comprising the counties of Herkimer, Jefferson, Lewis, Oneida, Onondaga and Oswego.

Oneida County Homœopathic Medical Society—4 delegates.

Dr. Horace M. Paine.....	Albany.....	.....1857....		....
Erastus A. Munger.....	Waterville....	1857..1861....		....
Lucian B. Wells.....	Utica	1857..1861....		....
MARCUS M. GARDNER.	Hollow Patent	.....1864....		1865
JONAS C. RAYMOND.....	Utica	1861..1864....		1865
WILLIAM B. STEBBINS....	Little Falls...	.....1864....		1865
WILLIAM H. WATSON....	Utica ...1857.	1861..1864....		1865

Onondaga County Homœopathic Medical Society—3 Delegates.

Dr. Lyman Clary.....	Syracuse	.....1862....		....
William A. Hawley.....	do	.....1862....		....
J. G. Bigelow.....	do	.....1864....		....
A. R. MORGAN.....	do	.....1865....		1869
W. HENRY HOYT.	do	.....1865....		1869
W. R. BROWN.....	Homer.....	.....1865....		1869

Oswego County Homœopathic Medical Society—3 Delegates.

Dr. Augustus Pool.....	Oswego	.....1860....		....
E. A. POTTER	do	1860..1864....		1868
T. DWIGHT STOW.....	Fulton	1860..1864....		1868
WILLIAM L. WOOBURY ..	do	.....1864....		1868

SIXTH DISTRICT.

Comprising the Counties of Broome, Chemung, Chenango, Cortland, Delaware, Madison, Otsego, Tioga and Tompkins.

Broome County Homœopathic Medical Society—1 Delegate.

Dr. TITUS L. BROWN.....	Binghamton...	1861..1863....		1866

Madison County Homœopathic Medical Society—2 Delegates.

Dr. GEORGE B. PALMER.....	East Hamilton,	.....1865....		1867
IRA C. OWEN	Sherburne	.....1865....		1867

Otsego County Homœopathic Medical Society—2 Delegates.

Dr. T S. BLODGETT.....	Cooperstown ..	1860..1865....		1869
J. H. Foote.....	Franklin	.....1860....		....
Solomon C. Warren.....	Otego	.....1862....		....
E. B. Warren	Middlefield	..1862....		....
NORMAN GETMAN	Richfi'd Springs	.....1865....		1869
Merrit Matteson.....	Morris.....	.....1864....		....

Seventh District.

Comprising the Counties of Cayuga, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates.

Cayuga County Homœopathic Medical Society—2 Delegates.

Names.	Residence.	Elected.	Term exp.
Dr. C. William Boyce	Auburn	1860	....
Amherst Childs	Waterloo	1860	....
H. Barton Fellows	Sennett	1862	....
A. J. Brewster	Cato	1863	....
H. Robinson, Sen	Auburn	1863	....
C. E. SWIFT	do	1865	1866
E. P. K. SMITH	do	1865	1866
*H. Robinson, Jr	do	1864	...

Livingston County Homœopathic Medical Society—2 Delegates.

Dr. I. J. Meacham	Nunda	1860..1864	....
JAMES A. WEST	Geneseo	1864	1868
B. FRANK DAKE	Mount Morris	1865	1868

Ontario County Homœopathic Medical Society—2 Delegates.

Dr. H. F. Bennett	Canandaigua	1861	....
G. Z. Noble	Dundee	1861	....
O. E. NOBLE	Penn Yan	1863	1865
O. S. WOOD	Canandaigua	1864	1865

Steuben (Chemung) County Homœopathic Medical Society—3 Delegates.

Dr. H. S. Benedict	Havana	1861	....
N. R. Seeley	Corning	1861	....
P. W. GRAY	Elmira	1861..1863	1866
EDWIN W. LEWIS	Watkins	1863	1866
EMERSON W. ROGERS	Altay	1863	1866

Wayne County Homœopathic Medical Society—2 Delegates

Dr. A. P. Throop	Palmyra	1864	....
A. G. AUSTIN	Williamson	1864	1867
M. F. SWEETING	South Butler	1864	1867
*L. Goedecke	Lyons	1864	....
*E. R. Heath	Palmyra	1864	....

Eighth District.

Comprising the Counties of Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming.

Chautauqua County Homœopathic Medical Society—2 Delegates.

Dr. Asa S. Couch	Fredonia	1860..1863	....
Cornelius Ormes	Jamestown	1860..1863	....
W. S. HEDGES	do	1865	1866
GEORGE A. HALL	Westfield	1865	1866

Erie County Homœopathic Medical Society—4 Delegates.

Dr. Lorenzo M. Kenyon	Buffalo	1862	....
A. H. BEERS	do	1863	1866
ALONZO S. HINCKLEY	do	1862	1866
GEORGE W. LEWIS	do	1862	1866
A. R. WRIGHT	do	1863	1866

* Alternates.

The election of delegates during the year 1865 is required in the following counties:

Oneida,	Onondaga,	Ontario,
Otsego,	Rensselaer,	Saratoga.

The election of delegates during the year 1866 is required in the following counties:

Albany,	Broome,	Cayuga,
Chautauqua,	Columbia,	Erie,
Steuben,	Hahnemann Academy of Medicine.	

The election of delegates during the year 1867 is required in the following counties:

Madison,	New York,	Ulster,
Washington,	Wayne,	Westchester.

Officers of county medical societies are particularly requested to examine the classification of counties, on page 412, in order to ascertain when the election of delegates by their respective societies is required. They are also invited to consult the list of permanent members, on page 414, in order to exclude the names of any who may previously have been elected permanent members of the Society.

Number of county homœopathic medical societies in this State 23
Total number of delegates..... 116

The present membership of the Society comprises:

Delegates holding office	77
Permanent members	45
Honorary members	9
Total number of members.....	131

This statement shows that the delegated membership of the Homœopathic State Medical Society is nearly equal to that of the Allopathic State Medical Society, and that the excess in the total membership consists chiefly in the large number of honorary and permanent members, to which annual additions have been made for many years past; yet, with this advantage, the total membership of the former, indicating its *relative representative status*, is about thirty-three per cent. that of the living members of the latter. This is truly an encouraging indication of the rapid growth of the homœopathic system, when we consider that scarcely thirty years have passed since the reliability and efficiency of this method of practice became generally known and appreciated.

ARTICLE CXIII.

LIST OF OFFICERS OF THE STATE HOMŒOPATHIC MEDICAL SOCIETY FROM ITS ORGANIZATION IN 1850 TO 1865.

LIST OF PRESIDENTS.

Dist.	Name.	Residence.	County.	Year.
1.	Dr. Alonzo S. Ball....	New York.....	New York.....	1858
1.	Jacob Beakley....	do	do	1862
3.	R. S. Bryan.....	Troy	Rensselaer.....	1857
7.	Amherst Childs...	Waterloo.....	Seneca	1854
5.	Lyman Clary.....	Syracuse	Onondaga	1852
8.	Abijah P. Cook...	Hudson	Columbia	1865
2.	Samuel S. Guy....	Brooklyn	Kings.....	1855
7.	M. M. Matthews...	Rochester	Monroe.....	1856
5.	Erastus A. Munger	Waterville.....	Oneida.....	1864
1.	Henry D. Paine....	New York.....	New York.....	1863
5.	Ethan A. Potter...	Oswego.....	Oswego.....	1861
2.	Fedral Vanderburgh	Rhinebeck.....	Dutchess	1851
1.	Isaac M. Ward*...	New York.....	New York.....	1850

LIST OF VICE-PRESIDENTS.

Dist.	Name.	Residence.	County.	Office.	Year.
3.	Dr. Henry Adams.....	Cohoes	Albany.....	1st V. P.	1854
	do	do	do	2d do	1856
1.	Alonzo S. Ball.....	New York....	New York..	3d do	1850
	do	do	do ..	1st do	1852
1.	Benjamin F. Bowers	do	do ..	2d do	1865
1.	Josiah Bowers....	do	do ..	2d do	1854
7.	C. William Boyce..	Auburn	Cayuga	2d do	1863
3.	R. S. Bryan.....	Troy	Rensselaer..	2d do	1850
	do	do	do ..	2d do	1855
7.	Durfee Chase.....	Palmyra.....	Wayne.....	1st do	1850
	do	do	do	3d do	1852
5.	Lyman Clary.....	Syracuse	Onondaga ..	1st do	1851
2.	T. H. Coburn.....	Hudson	Columbia ...	2d do	1852
3.	Abijah P. Cook....	do	do ...	1st do	1857
3.	Simeon A. Cook...	Troy	Rensselaer..	1st do	1861
4.	Benjamin F. Cornell	Moreau Station	Saratoga...	1st do	1865
8.	Asa S. Couch.....	Fredonia.....	Chautauqua.	3d do	1863
	do	do	do	3d do	1864
2.	Samuel S. Guy....	Brooklyn	Kings.....	2d do	1853
	do	do	do	1st do	1864
5.	F. Humphreys.....	Utica.....	Oneida	2d do	1851
8.	Lorenzo M. Kenyon	Buffalo	Erie.....	3d do	1865
8.	E. Lewis.....	do	do	3d do	1851
7.	M. M. Matthews...	Rochester.....	Monroe.....	1st do	1855
5.	A. R. Morgan	Syracuse	Onondaga ..	2d do	1864
5.	Erastus A. Munger	Waterville....	Oneida.....	2d do	1862

* First President of the Society.

Dist.	Name.	Residence.	County.	Office.	Year.
8.	Cornelius Ormes...	Jamestown....	Chautauqua.	3d V. P.	1861
1.	John C. Peters....	New York....	New York..	3d do	1857
1.	J. M. Quinn.....	do	do ..	1st do	1856
2.	E. T. Richardson..	Brooklyn	Kings	3d do	1854
3.	William S. Searle..	Troy	Rensselaer..	3d do	1862
3.	David Springsteed.	Albany	Albany	3d do	1855
8.	N. H. Warner.....	Buffalo	Erie.....	1st do	1853
5.	Lucien B. Wells.....	Utica.....	Oneida.....	3d do	1853
	do	do	do	3d do	1856
	do	do	do	2d do	1857
8.	A. R. Wright.....	Buffalo	Erie.....	2d do	1861
	do	do	do	1st do	1862
2.	William Wright...	Brooklyn	Kings.....	1st do	1863

List of Secretaries.

Dr.	Henry D. Paine....	New York.....	New York county..	1850–57
	Horace M. Paine ..	Albany.....	Albany do ..	1861–65

List of Treasurers.

Dr.	Henry D. Paine....	New York.....	New York county..	1850–56
	James W. Cox.....	Albany.....	Albany do ..	1857–61
	Lucien B. Wells ...	Utica.....	Oneida do ..	1862–65

List of Censors.

Dr.	Alonzo S. Ball....	New York.....	1862.
	Henry Beakley ...	Peekskill	1861, 1862.
	Jacob Beakley....	New York.....	1853–55, 1863, 1865.
	Alfred H. Beers...	Buffalo	1865.
	H. Bennett.....	Rochester	1852–57.
	D. F. Bishop.....	Lockport.....	1862–64.
	Benj. F. Bowers ..	New York	1863.
	C. William Boyce .	Auburn.....	1861–62.
	R. S. Bryan	Troy	1852–57.
	H. H. Cator	Syracuse.....	1854–57.
	Durfee Chase.....	Palmyra	1854–57.
	Amherst Childs...	Waterloo	1852–53.
	Lyman Clary.....	Syracuse.....	1862–63, 1865.
	Simeon A. Cook...	Troy	1852–57, 1862–63, 1865.
	James W. Cox....	Albany	1864.
	Benj. F. Cornell...	Moreau Station...	1861–62.
	Asa S. Couch.....	Fredonia	1861–62.
	J. T. Curtiss	New York	1852.
	John S. Delevan ..	Albany	1863, 1865.
	Bernard Fincke...	Brooklyn.....	1864.
	M. M. Gardner....	Holland Patent ..	1864.
	Egbert Guernsey..	New York	1865.
	Samuel S. Guy ...	Brooklyn.....	1853–55.
	W. Henry Hoyt ..	Syracuse.....	1862, 1864.
	F. W. Hunt	New York	1862.
	E. H. Hurd	Rochester	1862.
	E. Darwin Jones..	Albany	1852–57, 1862–63, 1865.
	Benj. F. Joslin....	New York	1856–57, 1864.
	Lorenzo M. Kenyon	Buffalo	1863.
	Stephen R. Kirby.	New York	1852–55.
	Geo. W. Lewis. ..	Buffalo	1862–63, 1865.

Dr.	Cornelius Ormes ..	Jamestown	1863–65.
	Saml. J. Pearsall..	Saratoga.....	1864.
	Ethan A. Potter..	Oswego.....	1863–65.
	Jonas C. Raymond	Utica	1853–55, 1862–63, 1865.
	E. T. Richardson..	Brooklyn.....	1852-53, 1856-57, 1862-63, 1865
	H. Robinson, Sen .	Auburn.....	1852–57.
	H. Robinson, Jr . .	do	1856–57.
	William S. Searle.	Troy	1851–62.
	David Springsteed	Albany.....	1862.
	Thomas F. Smith..	New York	1861–62.
	Henry M. Smith...	do	1864.
	S. W. Stewart....	Utica	1852.
	William H. Watson	do	1861–62.
	Lucien B. Wells ..	do	1852–57.
	P. P. Wells	Brooklyn.....	1852.
	J. Ralsey White ..	Butternuts	1861–62.
	A. R. Wright.....	Buffalo	1864.
	Clark Wright.....	Brooklyn.....	1856–57.

Members of the Executive Committee.

Dr.	E. A. Munger, Lucien B. Wells and Horace M. Paine	1861
	E. A. Munger, Lucien B. Wells and Horace M. Paine	1862
	Lester M. Pratt, E. Darwin Jones, R. C. Moffatt, Henry Minton and Horace M. Paine	1863
	Lucien B. Wells, A. R. Morgan and Horace M. Paine.....	1864
	Horace M. Paine, Lester M. Pratt and James W. Cox.....	1865

Members of the Committee on Publication.

Dr.	Henry D. Paine, William H. Watson and James W. Cox	1863
	Horace M. Paine, Henry D. Paine and E. Darwin Jones.....	1864
	Horace M. Paine, Henry D. Paine and E. Darwin Jones.....	1865

ARTICLE CXIV.

TABLE OF ANNUAL AND REGULAR MEETINGS OF COUNTY HOMŒOPATHIC MEDICAL SOCIETIES.

January—First Wednesday. Erie county, annual meeting.
Hahnemann Academy, monthly meeting.
Rensselaer county, annual meeting. Other meetings at the call of the president.
Second Tuesday. Albany county, annual meeting.
Last Wednesday. Westchester county, annual meeting; semi-annual meeting at such time and place as may be determined upon at the annual meeting.

February—First Wednesday. Erie county, monthly meeting.
Hahnemann Academy, monthly meeting.
Second Tuesday. Homœopathic Medical Society of the State of New York.

March—First Wednesday. Erie county, monthly meeting.
Hahnemann Academy, monthly meeting.
Second Tuesday. Cayuga county, quarterly meeting.
Second Wednesday. New York county, quarterly meeting.

April—First Tuesday. Dutchess county, semi-annual meeting.
First Wednesday. Erie county, quarterly meeting.
Hahnemann Academy, monthly meeting.
Second Tuesday. Albany county, quarterly meeting.

May—First Tuesday. Onondaga county, annual meeting.
First Wednesday. Hahnemann Academy, monthly meeting.
Second Tuesday. Kings county, annual meeting. Adjourned monthly meetings are held frequently.
Time indefinite. Ulster county, annual meeting.

June—First Tuesday. Wayne county, annual meeting.
First Wednesday. Hahnemann Academy, monthly meeting.
Ontario county, semi-annual meeting.
Second Tuesday. Cayuga county, annual meeting.
Livingston county, annual meeting.
Oswego county, annual meeting, in the city of Oswego.
Second Wednesday. New York county, quarterly meeting.
Otsego county, annual meeting.
Washington county, annual meeting.
Third Tuesday. Broome county, semi-annual meeting.
Chautauqua county, annual meeting. Other meetings at the call of the president.
Oneida county, semi-annual meeting.
Fourth Tuesday. Madison county, annual meeting.

July—First Wednesday. Erie county, quarterly meeting.
Hahnemann Academy, monthly meeting.

July—Second Tuesday. Albany county, quarterly meeting.
Second Wednesday. Homœopathic Medical Society of Northern New York, annual meeting at Saratoga Springs.
Saratoga county, annual meeting.
August—First Wednesday. Hahnemann Academy, monthly meeting.
September—First Wednesday. Hahnemann Academy, monthly meeting.
Second Tuesday. Cayuga county, quarterly meeting.
Second Wednesday. New York county, quarterly meeting.
October—First Tuesday. Columbia county, annual meeting.
Dutchess county, annual meeting.
Livingston county, semi-annual meeting.
Oswego county, semi-annual meeting.
First Wednesday. Erie county, quarterly meeting.
Hahnemann Academy, monthly meeting.
Second Tuesday. Albany county, quarterly meeting.
Third Tuesday. Broome county, annual meeting.
Oneida county, annual meeting, in the city of Utica.
Onondaga county, semi-annual meeting.
Third Wednesday. Ontario county, annual meeting.
November—First Wednesday. Erie county, monthly meeting.
Hahnemann Academy, monthly meeting.
Second Tuesday. Kings county, semi-annual meeting. Adjourned monthly meetings are held frequently.
December—First Tuesday. Wayne county, semi-annual meeting.
First Wednesday. Erie county, monthly meeting.
Hahnemann Academy, annual meeting.
Second Tuesday. Cayuga county, quarterly meeting.
Steuben county, annual meeting.
Second Wednesday. New York county, annual meeting.
Time indefinite. Otsego county, semi-annual meeting.

INDEX.

A.

Page.

Aconite 2, in the treatment of cephalitis 181
2, in the treatment of cerebritis 182
Adams, Dr. Ira B., biographical notice of 130
likeness of, a frontispiece to this volume.
Address, annual, before the State society, by Dr. H. D. Paine 32
synopsis of 9
annual, before the Hahnemann Academy, by Dr. F. W. Hunt 287
annual, before the Hom. Med. Soc. of Northern N. Y., by Dr. W. S. Searle 250
annual, before the New York County Med. Soc., by Dr. J. F. Gray 297
by Dr. Hun, review of 38
inaugural, by Dr. H. D. Paine 1
by Dr. E. A. Munger 21
on accepting the presidency of the State society, by Dr. E. A. Munger 7
Albany County Hom. Med. Society. See "Table of Contents" 138, 141
Allen, Dr. T. F., Pathology of the nasal passages 281
Allopathic definition of quackery 40
medication, mortality in the army due to 389
physicians, misgivings of, as to the utility of their own system 30, 44, 51
increases with increasing experience 51
confessions of the inherent weakness of their own system 44
ignorant of the homœopathic system 46, 398, 400
purloining of honor and fame 358
school, intolerance and illiberality of 1, 2, 15, 22, 38, 39, 94, 144, 154, 158, 205
209, 212, 314, 383, 389, 398, 400
constant agitation of 39
false reasoning of 43
marvelous inconsistencies of 47
system of therapeutics, uncertain application of 32, 37
treatment, unsuccessful 99, 101, 149, 397, 399
Allopathic Medical Society of Broome county, proceedings of 145
Allopathy *versus* Homœopathy 144
Amputation of the arm 73
of the tongue 58
American Institute of Homœopathy, list of delegates to the 29
re-organisation of. See "Resolutions."
American Medical Association, action of, in reference to homœopathy 382
Anasarca, case of cured by arsenicum 800 184
Anæsthetic, ether as an, Dr. Matthews the discoverer of 67
Anchylosis of the tempero-maxillary articulation 53
Angina, and tonsilitis, tartar emetic in the treatment of 89, 90
Angina cured by gelseminum 1000 285
Annual address. See "Address."
meeting of the State society, proceedings of the thirteenth 1
do do do fourteenth 18
meeting of the State society, time of holding changed 9
and regular meetings of County societies, table of 425
Apis mel. in the treatment of boils 380
in the treatment of dropsy following scarlatina 184
in the treatment of hydrothorax 184
in the treatment of paralysis 380
Appointment of a recording secretary by the State society 8
of hom. physicians as medical examiners by life insurance companies 134
Army, introduction of the homœopathic practice into. See "Homœopathy."
mortality in, due to allopathic medication 389
Arsenicum 3, in the treatment of erysipelas 224
30, and pulsatilla 30, in the treatment of chronic diarrhœa 349
200, for the relief of ascites 316
200, for the relief of hydrothorax 316

Page.
Arsenicum 200, and sulphur 150, in the treatment of phthisis 337
800, in the treatment of anasarca 158
Ascites, cured by silicea 12 172
following scarlatina, cured by apis 2 158
relieved by arsenicum 200 318
Aurum 200, for the relief of hydrothorax 316

B.

Baptisia tinctoria, in the treatment of typhoid fever 252
provings of 316, 325
Barnes, Surgeon General, vindication of 383, 384
Beakley, Professor Jacob, papers by. See "Contributors to this volume."
Belladonna 30, and Hellebore 30, in the treatment of congestion of the brain 186
Benedict, Dr. H. S., papers by. See "Contributors to this volume."
Biographical notice of the late Dr. Ira R. Adams 136
Dr. Richard Bloss 254
Dr. A. D. Wilson 287
Bloss, Dr. Richard, biographical notice of 254
likeness of, a frontispiece to this volume.
Boils, cured by apis 320
utility of phytolacca dec. in the treatment of 253
Boyce, Dr. C. W., papers by. See "Contributors to this volume."
Broome county allopathic medical society, proceedings of 145
county hom. med. society. See "Table of Contents."
Brown, Dr. T. L., papers by. See "Contributors to this volume."
By-laws and constitution of the State society 407

C.

Calcarea carb. in the treatment of polypus nasi 286
30, in the treatment of erysipelas 224
1000, and sulphur 3000, in the treatment of ophthalmia 130
3000, for the cure of ovaritis 316
Calomel, poisonous effects of 53
Cardialgia, cured by lachesis 12 179
Caries of the elbow joint, amputation 73
Carpenter, Dr. C. H., papers by. See "Contributors to this volume." 248
Catarrh, cured by stieta pulmonaria 177
cured by coccus cacti 177
Causticum 30, in the treatment of hæmorrhoids 224
Cayuga county hom. med. society. See "Table of Contents." 151
county, report on epidemics 321
Censors of the State society, list of 7, 26, 423
Cephalitis, cured by aconite 2 162
Cerebritis, cured by aconite 2 162
Cerebro-spinal meningitis, gelseminum and cimicifuga in the treatment of 253, 358
meningitis or spotted fever 262
Chautauqua county hom. med. society. See "Table of Contents." 168
Chemung county hom. med. society. See "Steuben county hom. med. society, 'Table of Contents.'" 365
Chest, gunshot wound of 347, 348
Chlorosis, case of 229
Cholera infantum, case of 230
Chronic diarrhœa, leptandrin in the treatment of 253
Cimicifuga rac. in the treatment of spasms 360
in the treatment of cerebro-spinal meningitis 253, 358
and gelseminum do do 359
Circular, addressed to the hom. profession of the State of New York, by the secretaries of the State society 401
by the treasurer of the State society, Dr. L. B. Wells 405
Classification of counties with reference to the election of delegates 412
Clematis 200, for the relief of chronic iritis 316
Clinical medicine, report of committees on. See "Report."
committees on, or correspondence. See "Committee."
Coccus cacti 1, in the treatment of catarrh 177
College of Surgeons, Dublin, illiberality and unprofessional conduct of 386
Columbia county hom. med. society, report of. See "Table of Contents." 187
Committee appointed to provide salary to recording secretary of the State society 31
executive, of the State society 12, 26, 424
medical, Cayuga county hom. med. society 152
Chautauqua do do 188
Columbia do do 187
Dutchess do do 197, 198, 199
Hom. Med. Soc. of Northern New York 247, 250

Page.
Committee medical, Livingston county hom. med. society 270
Madison do do 273
New York do do 278
Oneida do do 309, 315, 319, 321
Onondaga do do 329, 330, 335
Oswego do do 340, 341, 343
Otsego do do 351, 352, 353, 355
State do 8, 12, 13, 27, 28
Steuben do do 365
on correspondence, or clinical medicine, State society 12, 27, 402
on epidemics, district, State society 8, 27
duties of 402
on materia medica, district, State society 8, 27
duties of 401
on publication 7, 26, 424
on voluntary communications 8, 13, 28
Comparitive mortality statistics 149, 397
Congenital occlusion of the rectum 121
Congestion of the brain, cured by belladonna 30, and hellebore 30 184
Congratulatory telegram to Connecticut Hom. Med. Society 25
communication from the Massachusetts Hom. Med. Society 26, 94
Conium mac. 30, in the treatment of scrofulous ulcers 223
Constipation, relieved by nux v. 3000, and opium 1000 316
Constitution and by-laws of the State society 407
amendment of, providing for the appointment of corresponding and recording secretaries 9
amendment of, changing the time of holding the annual meeting 9
Contributors to this volume, list of:
Allen, Dr. T. F., report of the Hahnemann Academy of medicine 235
report on clinical medicine, pathology of the nasal passages 281
Beakley, Professor Jacob, report of the New York Hom Med. College 129
congenital occlusion of the rectum 121
obituary of the late Dr. Ira R. Adams 136
Benedict, Dr. H. S., report of the Steuben county hom. med. society 365
Bishop, Dr. D. F., report on epidemics in the eighth district 100
Boyce, Dr. C. W., report of the Cayuga county hom. med. society 151
report on clinical medicine, cases of uterine catarrh 173
report on clinical medicine, catarrh 175
report on epidemics in Cayuga county 321
Brewster, Dr. A. Judson, report on clin. med., clinical cases 178
Brown, Dr. T. L., report of the Broome county hom. med. society 144
allopathy *versus* homœopathy 144
comparative mortality statistics 149
Carpenter, Dr. Chas. H., report of the hom. med. society of Northern New York 247
Clary, Dr. Lyman, report on materia medica, proving of rhus ver 102
Cox, Dr. J. W., report of the Albany county hom. med. society 138
Cook, Dr. A. P., report of the Columbia county hom. med. society 187
Cornell, Dr. B. F., memoir of the late Dr. Richard Bloss 254
Couch, Dr. A. S., report of the Chautauqua county hom. med. society 188
Dunham, Dr. C., remarks on scabies 113
report on clinical medicine, case of pterygium erassum 171
report on clinical medicine, basis of treatment 321
Fanning, Dr. T. C., report of the Westchester county hom. med. society 381
Fellows, Dr. H. Barton, report on clinical medicine, importance of drug proving, enlargement of the materia medica 164
report on materia medica, proving of lachesis 167
circular addressed to the hom. profession of the State of New York 401
Fincke, Dr. B., report of the Kings county hom. med. society 260
Foote, Dr. Elial T., history of hom. in Chautauqua county 189
Freligh, Dr. M., conversion to homœopathy 212
Gardner, Dr. M. M., report of the Oneida county hom. med. society 308
Gray, Dr. John F., memorial of the late Dr. A. D. Wilson 297
Hadley, Dr. Hiram, report on mat. med., proving of baptisia 325
Hale, Professor E. M., importance of pathological indications 85
Hasbrouck, Dr. E., report of the Ulster county hom. med. society 371
Hawley, Dr. W. A., report of the Onondaga county hom. med. society 329
report on clinical medicine, case of phthisis pulmonalis 337
report respecting the appointment of hom. physicians by life insurance companies 134
Heath, Dr. E. R., report of the Wayne county hom. med. society 375
report on epidemics in the seventh district 98
report on materia medica, proving of phosphorus 169
Helmuth, Professor William Tod, eight important surgical cases 52
Hornby, Dr. John, report of the Dutchess county hom. med. society 197
report on clinical medicine, surgical cases 223
report on clinical medicine, diseases peculiar to women 226

Page.
Hornby, Dr. John, conversion to homœopathy ..... [illegible]
Hunt, Professor F. W., address, plan of the campaign ..... [illegible]
letter respecting cerebro-spinal meningitis ..... [illegible]
Jones, Dr. E. D., report respecting hom. dispensary in Albany ..... [illegible]
Kenyon, Dr. L. M., report on clinical medicine, lachesis in the treatment of pneumonia and angina ..... [illegible]
Lewis, Dr. George W., report of the Erie county hom. med. society ..... [illegible]
Lewis, Dr. E. W., history of homœopathy in Schuyler county ..... [illegible]
Merritt, Dr. J. F., history of homœopathy in Dutchess county ..... [illegible]
report on clinical medicine, typhoid fever ..... [illegible]
Morgan, Dr. A. R., classification of diseases of the skin ..... [illegible]
tabular list of homœopathic physicians in Onondaga county ..... [illegible]
paper entitled "Scabies" ..... [illegible]
report on epidemics in the fifth district ..... [illegible]
report on materia medica, proving of apis mel ..... [illegible]
Munger, Dr. E A., inaugural address ..... [illegible]
report on clinical medicine, cases of ophthalmia ..... [illegible]
report on clinical medicine, cases of hydrocele ..... [illegible]
Paine, Dr. H. D., inaugural address ..... [illegible]
synopsis of annual address ..... [illegible]
annual address ..... [illegible]
report on clinical medicine, case of epydidymitis ..... [illegible]
Paine, Dr. H. M., report on materia medica, importance of drug proving ..... [illegible]
meteorological phenomena and prevailing diseases ..... 312, [illegible]
tabular nosology ..... [illegible]
papers showing the present position of the allopathic branch of the regular medical profession; also, the superiority of the hom. system of practice [illegible]
circular addressed to the hom. profession of the State of New York ..... [illegible]
importance of organising county med. societies ..... [illegible]
classification of counties with reference to the election of delegates ..... [illegible]
list of honorary members ..... [illegible]
list of permanent members ..... [illegible]
list of delegates ..... [illegible]
list of officers of the State society ..... [illegible]
table of annual and regular meetings ..... [illegible]
Palmer, Dr. G. B., report of the Madison county hom. med. society ..... [illegible]
report on clinical medicine, pneumonia ..... [illegible]
Pearsall, Dr. S. J., report of the Saratoga county hom. med. society ..... [illegible]
Pratt, Dr. L. M., report respecting testimonial to Dr. Morton ..... [illegible]
Robinson, Dr. H., sen., history of homœopathy in Cayuga county ..... [illegible]
report on clinical medicine, case of anasarca ..... [illegible]
Robinson, Dr. H., jr., report on clinical medicine, case of phlebitis ..... [illegible]
Searle, Dr. W. S., report of the Rensselaer county hom. med. society ..... [illegible]
notes on the new remedies ..... [illegible]
address before the hom. med. society of Northern New York ..... [illegible]
Schenck, Dr. B. B., report on clinical medicine, unequal development of twins [illegible]
Smith, Dr. H. M., schedule of prices of the New York county hom. medical society ..... [illegible]
report of the New York county hom. med. society ..... [illegible]
Stow, Dr. T. Dwight, report of the Oswego county hom. med. society ..... [illegible]
schedule of prices adopted by the Oswego county hom. med. society ..... [illegible]
report on clinical medicine, cases from practice ..... [illegible]
Swift, Dr. C. E., report on clinical medicine, clinical cases ..... [illegible]
Talbot, Dr. I. T., history of homœopathy in Massachusetts ..... [illegible]
Vanderburgh, Dr. Federal, report on clinical medicine, gelseminum, in the treatment of typhoid fever ..... [illegible]
Waldo, Dr. Lyman B., report on epidemics in Jefferson county ..... [illegible]
Ward, Dr. H. J., report of the Washington county hom. med. society ..... [illegible]
Ward, I. M., report of the New York Med. College for Women 131
Warren, Dr. S. C., report of the Otsego county hom. med. society 351
report on clinical medicine, case of paralysis 355
Warren, Dr. W., report on materia medica, proving of phytolacca dec ..... [illegible]
Watson, Dr. Wm. H., tabular nosology 319
West, Dr. James A., report of the Livingston county hom. med. society ..... [illegible]
Wells, Dr. L. B., circular addressed to the hom. profession of the State of New York ..... [illegible]
Wood, Dr. O. S., report of the Ontario county hom. med. society ..... [illegible]
Wright, Dr. William, report on clinical medicine, nitrate of silver in the treatment of laryngitis ..... [illegible]
Cook, Dr. A. P., papers by. See "Contributors to this volume."
Cornell, Dr. B. P., papers by. See "Contributors to this volume."
Correspondence, or clinical medicine, committees on ..... 12, 27, [illegible]
County medical societies represented at the meetings of the State society 3, 18
importance of reports from ..... [illegible]
importance of organising ..... 21, [illegible]

Page.
County medical societies, classification of with reference to the election of delegates 412
requiring re-election of delegates 413
Cox, Dr. J. W., papers by. See "Contributors to this volume."

D.

Deafness, cured by gelseminum 1000 285
Delegates present at meetings of the State society 3, 18
and permanent members, qualifications of 6
to other State medical societies 12, 28
to the American Institute of Homœopathy 28
district, list of 417
re-election of by county societies, required 413, 421
Diarrhœa, chronic, cured by arsenicum 30, and pulsatilla 30 349
superiority of homœopathic treatment 396
Diphtheria, epidemic in Cayuga county 322
epidemic in Jefferson county 323
epidemic in the fifth district 95
cured by muriatic acid 1 182
vaginitis 334
various remedies suggested for the treatment of 95, 96
Diseases peculiar to women and children, treatment of 226, 320
Dispensary, establishment of, in Albany 140
Districts, judicial, list of 402, 417
senatorial, list of 416
Dose, question of, and theory of 252
Dropsy, following scarlatina, cured by apis mel 2 184
Drug proving, importance of an extensive and uniform system of 141, 253, 401
Dunham, Dr. C., papers by. See "Contributors to this volume."
Dutchess county hom. med. society, report of. See "Table of Contents."
Dysentery, epidemic in the seventh district 98
epidemic in the eighth district 100
superiority of the homœopathic treatment 98, 99, 396
Dysmenorrhœa, cases of 226, 228, 229

E.

Elements of victory, and plan of the campaign 237
Epidemics, committees on, appointed by the State Society 8, 27
duties of 402
see "Committees."
in the fifth district, report on 95
in the seventh district, report on 98
in the eighth district, report on 100
Epididymitis, cured by thuja 0, after higher potencies had failed 186
Epistaxis, vicarious menstruation, cured by hamamelis 350
treatment of 286
Erie county hom. med. society, report of. See "Table of Contents" 232
Eruptions, scaly, cured by phytolacca dec 252
Eruptive diseases, tartar emetic in the treatment of 89
Erysipelas, cured by rhus tox 6, arsenicum 3, and calcarea carb 30 224
Ether, as an æsthetic, Dr. Matthews the discoverer of 67
Etherization, priority of the claim to the discovery of 139
Executive committee, of the State society 12, 26, 424
Extirpation of the nasal process of the superior maxillary bone 68
of the entire half of the inferior maxillary bone 71

F.

Fanning, Dr. T. C., report of the Westchester county hom. med. society 381
Fellows, Dr. H. Barton, papers by. See "Contributors to this volume."
Fever, scarlet, epidemic in Cayuga county 322
typhoid, epidemic in Cayuga county 321
typhoid, or enteric, history and ætiology of 213
typhoid, gelseminum in the treatment of 221
typhoid, superiority of homœopathic treatment in 396
Fifth annual commencement of the New York Hom. Med. College 129
Fincke, Dr. B., report of the Kings county hom. med. society 260
First annual report of the New York Med. College for Women 131
Foote, Dr. Elial T., history of homœopathy in Chautauqua county 189
Freligh, Dr. M., conversion to homœopathy, account of 212

G.

Gardner, Dr. M. M., report of the Oneida county hom. med. society 311

Page.
Gelseminum 1000, cure of angina and deafness by ..... [illegible]
and cimicifuga in the treatment of cerebro-spinal meningitis ..... [illegible]
in the treatment of typhoid fever ..... [illegible]
Graphites 30, in the treatment of tinea capitis ..... [illegible]
Gray, Dr. John F., memorial of the late Dr. A. D. Wilson ..... [illegible]
Gunshot wound of the chest ..... [illegible]

H.

Hadley, Dr. H., proving of phytolacca dec ..... [illegible]
Hæmorrhoids, cured by causticum 30, nux v. 15, and sulphur 30 ..... [illegible]
Hahnemann Academy of Medicine, report of. See "Table of Contents" ..... [illegible]
Life Insurance Company, established at Cleveland, Ohio ..... [illegible]
Hamamelis vir. in the treatment of epistaxis ..... [illegible]
in the treatment of phlebitis ..... [illegible]
Hasbrouck, Dr. E., report of the Ulster county hom. med. society ..... [illegible]
Hawley, Dr. Wm. A., papers by. See "Contributors to this volume."
Headache, treatment of ..... [illegible]
Heart, sudden death from disease of ..... [illegible]
Heath, Dr. E. R., papers by. See "Contributors to this volume."
Hellebore 30 and belladonna in the treatment of congestion of the brain ..... [illegible]
Helmuth, Professor William Tod, papers contributed by ..... [illegible]
Hepar sulphur 200, and silicea 200, in the treatment of an ulcer ..... [illegible]
Hepatic abscess, rare case of ..... [illegible]
Hernia, inguinal, cured by nux v. 200 ..... [illegible]
Helonias, senecio, and trillium, in the treatment of uterine diseases ..... [illegible]
High potencies, utility of ..... 312, [illegible]
failure of ..... [illegible]
History of medicine ..... [illegible]
History of Homœopathy. See "Homœopathy, history of."
Homœopathic hospitals and dispensaries ..... 398, [illegible]
medical colleges ..... [illegible]
medical journals ..... [illegible]
medical society of Northern New York, report of. See "Table of Contents" ..... 13, [illegible]
physicians, list of, in Onondaga county, from 1842 to 1865 ..... [illegible]
physicians, regular and legal qualifications of ..... 2, [illegible]
publishing society ..... [illegible]
remedies, efficacy of, in spite of opposing influences ..... [illegible]
school, legal status of. See "Homœopathy" ..... [illegible]
State Medical Society, proceedings of the 13th annual meeting 1
proceedings of the 14th annual meeting ..... [illegible]
relative representative status of, 33 per cent., that of the allopathic State Medical Society ..... 404, [illegible]
treatment of croup, diphtheria, dysentery and pneumonia ..... [illegible]
dysentry, success of ..... 98, 99, [illegible]
mortality less than 1 per cent ..... [illegible]
under allopathic treatment 15 to 20 per ct. [illegible]
Homœopathy, a London life assurance company converted to ..... [illegible]
and the spectral analysis ..... [illegible]
appropriates and applies all the truths in medical science as rapidly as they are discovered ..... [illegible]
based upon observation ..... [illegible]
conversion of Dr. M. Freligh to, account of ..... [illegible]
conversion of Dr. John Hornby to, account of ..... [illegible]
cures diseases in all cases ..... [illegible]
certainty and exactness of ..... [illegible]
economy of, in hospital, practice ..... [illegible]
established upon a rational and scientific basis ..... [illegible]
historical sketch of 1
history of, in Massachusetts ..... [illegible]
in the several counties in this State, importance of ..... [illegible]
in Cayuga county, introduction and progress of ..... [illegible]
in Chautauqua county, do ..... [illegible]
in Dutchess county, do ..... [illegible]
in Schuyler county, do ..... [illegible]
improvements of, in medical science ..... [illegible]
in the army 16, 22, 154, 314
memorial prepared by the Massachusetts State Hom. Med. Society 15, 17
its offence against the allopathic school 41
legal basis of ..... [illegible]
literature of ..... [illegible]
mission of ..... 51, [illegible]
patrons of ..... [illegible]
rapid growth of ..... [illegible]
remarks respecting high and low potencies ..... [illegible]

Page.
Homœopathy, revolutionary doctrines of 237
scientific basis of 11
statistical evidence to the superiority of 389
superiority of 30, 46, 149, 249, 392
translation from the Swiss "Bund" 398
Honorary members of the State Society, elected 4, 19, 413
do do nominated 7, 27, 413
Hornby, Dr. John, papers by. See "Contributors to this volume."
Hun, Dr. Thomas, review of his address 38
Hunt, Dr. F. W., papers by. See "Contributors to this volume."
Hydrocele, case of, reported by Dr. E. A. Munger 24, 118
case of, reported by Dr. L. B. Wells 24
Hydrothorax, relieved by arsenicum 200, and aurum 200 316
cured by apis mel 2 184

I.

Importance of pathological indications in the selection of remedies 85
Improper food, a frequent cause of disease 228, 231
Inaugural address, by Dr. E. A. Munger 21
by Dr. H. D. Paine 1
Inferior maxillary bone, anchylosis of 53
extirpation of the entire half of 71
Introduction and progress of homœopathy. See "Homœopathy, history of."
Intolerance of the allopathic school. See "Allopathic."
Iritis, relieved by clematis 200 316

J.

Jefferson county, report on epidemics in 323
Judicial district list of delegates 417
districts, list of 402, 417

K.

Kenyon, Dr. L. M., lachesis in the treatment of angina and pneumonia 283
Kings county hom. med. society, report of. See "Table of Contents" 260

L.

Lachesis, proving of, by Dr. H. Barton Fellows 167
12, in the treatment of partial paralysis 179
12, in the treatment of typhus nervosa 181
12, in the treatment of cardialgia 179
12, in the treatment of an ovarian tumor 181
12, and 200, in the treatment of uterine catarrh 174
200, in the treatment of paralysis of the throat 178
800, in the treatment of pneumonia and angina 234
Laryngismus stridulus, cured by nux v. 200 326
Laryngitis, cured by the application of nitrate of silver 266
Leptandrin in the treatment of chronic diarrhœa 233
Lewis, Dr. E. W., history of hom. in Schuyler county 366
Life assurance company converted to homœopathy 389
insurance company, Hahnemannian 391
insurance companies, appointment of hom. physicians by, report upon 30, 134, 332
List of county medical societies represented. See "County med. societies."
of officers and committees. See respective names.
of medical committees. See "Medical Committees."
of districts. See "Districts."
Livingston county hom. med. society, report of 270

M.

Madison county hom. med. society, report of. See "Table of Contents" 271
Malignant pustule, cases of, cured by arsenicum 6 ..... 348, 349
Massachusetts, introduction and progress of homœopathy in 92
Materia medica, committees on 8, 27
duties of 401
proving of apis mel 104
proving of baptisia tinctoria 325
proving of lachesis 167
proving of phosphorus 169
proving of phytolacca decandra 324
proving of rhus vernix 102
enlargement of the 104
importance of an extensive and uniform system of. See "Committees" and "Reports" 141

Page.
Matthews, Dr. Caleb B., priority of claim to the discovery of ætherization 67, 179
Measles, paralysis caused by suppression of 258
Medical bigotry of the allopathic school. See "Allopathic" 363–369
committees appointed by the State and county societies. See "Committees."
meetings, value of 251
societies, county, importance of organizing 148, 317, 405
societies, county, importance of organizing, and summary of legal requirements. 445
societies, county, importance of obtaining reports from 401
society of this State, how composed 4, 19, 410, 412, 417
societies. See names of respective counties.
Medicine and politics 22, 388
Members of the State society present at annual meetings 2, 18
See "Honorary Members" and "Permanent Members."
Memorial of the late Dr. A. D. Wilson 297
respecting hom. in the army, prepared by the Massachusetts hom. med. society.. 15
Menorrhalgia, case of 228
Menstruation vicarious, acute metritis 350
Mercurius sol. 30, in treatment of ulcer of the tibia 224
30, graphites 30, and sulphur 30, in the treatment of tinea capitis 223
3000, in the treatment of hydrocele 118
Merritt, Dr. Jesse F., papers by. See "Contributors to this volume."
Meetings of county hom. med. societies, table of annual and regular 425
Meteorological observations, resolution respecting 13
phenomena and prevailing diseases 312, 319
Metritis, acute, case of 229
acute, vicarious menstruation 350
chronic, case of 228
chronic, and ulceration, case 226
Miami Hom. Med. Association, resolutions respecting homœopathic treatment in the army 16
Morgan, Dr A. R., papers by. See "Contributors to this volume."
Mortality in the army, rate of, due to allopathic mediation 389
statistics, comparative 149, 249, 392
Morton, Dr. W. T. G., testimonial to 139
Munger, Dr. E. A., papers by. See "Contributors to this volume."
Muriatic acid, in the treatment of typhoid diarrhœa 188
in the treatment of typhoid fever 219
in the treatment of diphtheria 183

N.

Nasal passages, pathology of 281
Natrum mur., cure of nasal polypi by 286
Neuralgia, case of 227
of the testicle, cured by pulsatilla 6 190
New York Medical College for Women, first annual report of 131
Hom. Med. College, fifth annual commencement 129
county hom. med. society, report of. See "Table of Contents." 273
Nitrate of silver in the treatment of laryngitis 256
Nominees for honorary membership 7, 27, 413
for permanent membership 7, 27, 414
Nose, abnormities of structure, lachrymal canal 284
anomalies of the sense of smell 282
classification of odors 281
perversions of smell 283
epistaxis, remedies useful in the treatment of 286
inflamation of, catarrh, coryza, ozæna 286–297
lachrymal fistula 284
nasal symptoms of many remedies 282–297
polypi, cured by natrum mur 286
cured by calcarea carb 286
Nosology, tabular 319
Notes on the new remedies, a paper by Dr. W. S. Searle 357
Nux vom. 15, in the treatment of hæmorrhoids 224
15, in the treatment of stricture of the urethra 225
200, in the treatment of inguinal hernia 226
200, in the treatment of laryngismus stridulus 326
3000, and opium 1000, for the relief of constipation 316

O.

Occlusion of the rectum, congenital 121
Œsopagus, stricture of 64
Officers of the State Society 6, 26, 422

Page.
Oneida county hom. med. society, report of. See "Table of Contents" 308
Onondaga county do do do 329
Ontario county do do do 339
Opium 1000, and nux vom. 3000, for the relief of constipation..... 316
Ophthalmia, scrofulous, cured by cacarea 1000, and sulphur 3000 120
Os tincæ, ulceration of, case of..... 223
Oswego county hom. med. society, report of. See "Table of Contents" 340
Otsego county do do do 351
Ovarian tumor of the left side, cured by lachesis 12..... 181
Ovaritis, cured by calcarea 3000, pulsatilla 1000, and sulphur 3000..... 316

P.

Paine, Dr. Henry D., papers by. See "Contributors to this volume."
Paine, Dr. Horace M., papers by. See "Contributors to this volume."
Palmer, Dr. George B., papers by. See "Contributors to this volume."
Paralysis, caused by suppression of measles 355
of the throat, cured by lachesis 200..... 178
produced by apis mel..... 380
partial, cured by lachesis 12 179
Parody upon resolutions adopted by the Broome county allopathic medical society 146
Partial paralysis, cured by lachesis 12 179
restoration of the upper lip..... 70
Pathological indications, importance of in the selection of the proper remedy..... 85
Permanent members present at the meeting of the State Society 3, 18
nominated 7, 27, 415
elected 4, 19, 414
Phlebitis, cure of by hamamelis 1..... 186
Phosphorus, proving of..... 169
200, in the treatment of purpara hæmorrhagica 157, 334
Phytolacca dec., proving of 324
in the treatment of boils..... 252
in the treatment of poisonous and scaley eruptions 252
Phthisis pulmonalis, cured by sulphur 150, and arsenicum 200..... 337
Pneumonia and its appropriate treatment. 275
cured by sulphur 30..... 180
superiority of homœopathic treatment..... 396
veratrum viride, in the treatment of..... 253
Political intolerance of the allopathic school..... 22, 154, 314, 386
Polypi nasal. See "Nose"..... 385
Prices, schedule of, adopted by the New York county society 280
do do Oswego do 346
Proceedings of the thirteenth annual meeting of the State Society..... 1
of the fourteenth do do 18
Proving of apis mellifica..... 104
of baptisia tinctoria..... 316, 325
of lachesis..... 167
of phytolacca decandra..... 324
of rhus vernix..... 102
importance of 141, 164
see "Materia medica"
Psoriasis, cured by phytolacca decandra..... 252
Pterygium crassum, cured by zincum 200..... 171
Publication, committee of..... 7, 26, 424
Pulsatilla 6, in the treatment of neuralgia of the testicle..... 180
15, in the treatment of ulcer on the tibia..... 224
30, and arsenicum 30, in the treatment of chronic diarrhœa..... 349
1000, for the cure of ovaritis 316
Purpura hæmorrhagica cured by phosphorus 200..... 157, 334
Pustule, malignant, cured by arsenicum 6..... 348, 349

Q.

Qualifications of permanent members 6

R.

Rare case of hepatic abscess 76
Rectum, congenital occlusion of 121
Re-election of delegates by county medical societies..... 413, 421
Remedies employed in the treatment of diseases of women and children, list of 231
employed in the treatment of diseases of the nose..... 281-297
notes on the new..... 357
useful in spotted fever..... 203
See respective names.
Rensselaer county hom. med. society, report of. See "Table of Contents"..... 357

Page.
Report on clinical medicine, case of anasarca cured by arsenicum 800 ..... [illegible]
cases from practice ..... 178, [illegible]
case of epididymitis cured by thuja O, after the 12th and 200th potencies had been given without effect ..... [illegible]
case of hydrocele ..... [illegible]
case of phlebitis, cured by hamamelis 1 ..... [illegible]
case of phthisis pulmonalis ..... [illegible]
case of pterygium crassum, cured by zinc 200 ..... [illegible]
cases of uterine catarrh ..... [illegible]
cases of catarrh, cured by coccus cacti 1 175
diseases of children ..... [illegible]
diseases peculiar to women ..... [illegible]
enteric or typhoid fever ..... [illegible]
gelseminum in the treatment of typhoid fever ..... [illegible]
lachesis in the treatment of angina and pneumonia ..... [illegible]
nitrate of silver in the treatment of laryngitis ..... [illegible]
paralysis caused by suppression of measles 355
pathology of the nasal passages ..... [illegible]
pneumonia and its appropriate treatment 275
scrofulous ophthalmia 119
surgical cases from practice ..... [illegible]
"The Basis of Treatment" ..... [illegible]
unequal development of twins ..... [illegible]
epidemics in Cayuga county ..... [illegible]
in Jefferson county ..... [illegible]
in the fifth district 95
in the seventh district 96
in the eighth district 100
Report of the hom. med. society of Northern New York 246
on materia medica, enlargement of the materia medica 164
on importance of an extensive and uniform system of drug proving 141
on proving of apis mellifica 104
of baptisia tinctoria 325
of lachesis 167
of phosphorus 169
of phytolacca decandra 324
of rhus vernix 102
on the influence of meteorological phenomena in the production of disease 312, 319
of the treasurer of the State society 5, 23
Albany county hom. med. society. See "Table of Contents" 138
Broome do do 144
Cayuga do do 153
Chautauqua do do 185
Columbia do do 187
Dutchess do do 199
Erie do do 232
Hahnemann academy of medicine. do 235
hom. med. society of Northern New York. do 247
Kings county hom. med. society. do 260
Livingston do do 270
Madison do do 271
New York do do 273
Oneida do do 308
Onondaga do do 320
Ontario do do 339
Oswego do do 340
Otsego do do 351
Rensselaer do do 357
Saratoga do do 364
Steuben do do 365
Ulster do do 371
Washington do do 373
Wayne do do 375
Westchester do do 381
Resolutions, adopted by the Broome county allopathic med. society 145
adopted by the Broome county hom. med. society, showing the intolerance and illiberality of the allopathic school 147
adopted by the Cayuga county hom. med. society 158
adopted by the Dutchess county hom. med. society 202
authorizing the election of Dr. C. Dunham a permanent member of the State Society 30
changing the by-laws in reference to the election of honorary members 29
changing the constitution in reference to the election of recording and corresponding secretaries, and the time of holding the annual meeting 9
embracing suggestions to the farmers of Broome county. A parody upon resolutions adopted by the Broome county allopathic medical society 146

Page.
Resolutions, of thanks to Dr. James W. Cox 31
of thanks to Professor E. M. Hale 30
of thanks to Professor Wm. Tod Helmuth 30
of thanks to Mayor Eli Perry 31
of thanks to retiring officers of the State Society 31
referring all papers to the publishing committee 31
requiring officers to continue in office till the close of the annual meeting next after their election 29
inviting physicians present who were not members, to participate in the deliberations of the society 25
respecting the reorganization of the American Institute of Hom.... 14, 318, 332
the appointment of hom. physicians as medical examiners by life insurance companies 30, 134, 135, 332
the credentials of delegates 13
the death of Dr. C. von Bœnninghausen 6
the distribution of the transactions 13
the homœopathic publication society 314
the financial matters of the State Society 5
the formation of county medical societies 274
the introduction of homœopathic practice into public medical institutions 14, 30
Leutze's edition of the Organon 158
a list of members of the State Society 13
medical and surgical appointments in the army and public medical institutions 14, 30
a memorial of the late Dr. I. R. Adams, Dr. J. W. Smith, and Dr. A. D. Wilson 29
the nomination of permanent members 29
the payment of a salary to the recording secretary 31, 133
the publication of the new materia medica 332
the publication of a tabular nosology 29
the reading of papers at the meetings of the State Society 24
the qualifications of delegate and permanent members 6
showing the importance of forming county medical societies 317
the registration of disease 13
record of meteorological observations 13
testimonial to Dr. Morton 139
time of holding the annual meeting of the State Society 9
union of two or more county hom. medical societies 343
Dr. Vanderburgh's paper, entitled "Problem of Life," 25, 202
Review of Dr. Hun's address 10, 38
Rhus tox. 6, in the treatment of erysipelas 224
Robinson, Dr. H., papers by. See "Contributors to this volume."

S.

Salivation, tartar emetic in the treatment of 89
Saratoga county hom. med. society, report of. See "Table of Contents" 364
Scabies 105, 113
Schuyler county, history of homœopathy in 366
Schedule of prices, adopted by the New York county hom. medical society 280
do do Oswego do 346
Schenck, Dr. B. B., paper, entitled "Unequal Development of Twins," 336
Scrofulous ophthalmia 24
Searle, Dr. Wm. S., papers by. See "Contributors to this volume."
Senatorial districts, list of 416
list of permanent members 414
Senecio, in the treatment of uterine diseases 253
Silicea 12, in the treatment of ascites 178
200,, and hepar 200, in the treatment of an ulcer 185
Smell, sense of. See "Nose" 281
Spasms, caused by cerebro-spinal meningitis, cured by cimicifuga rac 253
Spectral analysis and the action of potentized remedies 241
Spermatorrhœa, cured by sulphur 30, phosphoric acid 30, and thuja 3 225
State Society, proceedings of the thirteenth annual meeting 1
do fourteenth do 18
constitution and by-laws of 407
how composed 4, 19, 407, 410, 412, 414, 417
membership of, relatively, one-third that of the allo'hic med. society. 404, 421
list of honorary members 413
list of permanent members 414
list of delegates 417
list of officers from its organization in 1850 to 1865 422
history of the formation of State and county hom. medical societies 2
See "Homœopathic State Medical Society."
Statistical evidence showing the superiority of homœopathic treatment 149, 389, 397, 399

Page.
Statistics of homœopathic and allopathic hospitals 392
Sticta pulmonaria, in the treatment of catarrh 177
Stomatitis, tartar emetic in the treatment of 90
Stow, Dr. T. Dwight, papers by. See "Contributors to this volume."
Steuben (Chemung) county hom. medical society, report of. See "Table of Contents" .. 365
Stricture of the œsophagus 64
Sulphite of lime and soda, in the treatment of zymotic diseases 253
Sulphur 30, in the treatment of hæmorrhoids 224
30, in the treatment of pneumonia 198
30, in the treatment of tinea capitis 222
150, in the treatment of phthisis pulmonalis 337
3000, in the treatment of ovaritis 316
3000, in the treatment of ophthalmia 120
Sulphuric acid in the treatment of typhoid fever 219
Summary of legal requirements to be observed in the formation of county medical societies 485
Superior maxillary bone, extirpation of nasal process of 86
Surgical cases, reported by Prof. Wm. Tod Helmuth 57
reported by Dr. John Hornby 223
Syphilis, various remedies suggested for the treatment of 225

T.

Tartar emetic, action of 85
in the treatment of eruptive diseases 89
in the treatment of angina and tonsilitis 89, 94
in the treatment of varioloid 88
in the treatment of salivation 89
Testicle, neuralgia of, cured by pulsatilla 6 180
Testimonial to Dr. W. T. G. Morton 139
Thuja, occi 0, in the treatment of epididymitis 186
200, in the treatment of varioloid 263
Tinea capitis, cured by mercurius viv. 30, graphites 30, and sulphur 30 223
Tongue, amputation of 58
Treasurer's report, Dr. L. B. Wells, of Utica 5, 23
Treatment, The Basis of 326
of diphtheria 325
of dysentery 100
of laryngitis 266
of paralysis, caused by suppression of measles 356
of pneumonia 277
of ulcer on the scrotum 265
of varioloid 263
of various diseases. See names of respective diseases and remedies.
Trillium, in the treatment of uterine diseases 253
Twins, unequal development of 179, 338
Typhoid diarrhœa, cured by muriatic acid 190
fever, baptisia in the treatment of 252
Typhus nervosa, cured by lachesis 12 181

U.

Ulcer cured by silicea 200, and hepar 200 185
on the scrotum 265
scrofulous, cured by conium mac. 30 223
on the tibia, cured by pulsatilla 15, and mercurius 30 224
Ulster county hom. med. society, report of. See "Table of Contents" 371
Unequal development of twins 179, 338
Upper lip, partial restoration of 70
Urethra, stricture of, nux vom. 15 in the treatment of 225
Uterine catarrh, cases of, cured by lachesis 12, and 200 175
diseases, helonias, senecio, and trillium in the treatment of 253

V.

Vaginitis, diphtheritic 334
epidemic 313
Vanderburgh, Dr. F., gelseminum in the treatment of typhoid fever 221
Varioloid, tartar emetic in the treatment of 89
thuja occi. 200, in the treatment of 263
Veratrum viride in the treatment of pneumonia 253
Voluntary communications, committee on 8, 13, 28
Von Bœnninghausen, resolution respecting the death of 6

Page.

W.

Waldo, Dr. L. B., report on epidemics in Jefferson county 323
Ward, Dr. H. J., report of the Washington county hom. med. society 373
Professor I. M., first annual report of the New York Medical College for Women .. 131
Warren, Dr. S. C., papers by. See "Contributors to this volume."
Dr. Woodward, proving of phytolacca decandra 324
Washington county hom. med. society, report of. See "Table of Contents" 373
Wayne county hom. med. society, report of. See "Table of Contents" 375
Wells, Dr. L. B., treasurer, report of 5, 23
circular, addressed to the hom. physicians of the State of New York 405
Westchester county hom. med. society, report of. See "Table of Contents" 381
Western Institute of Homœopathy, resolutions respecting the introduction of the homœopathic practice into the army 16, 17
Wilson, Dr. A. D., likeness of, a frontispiece to this volume.
Women, diseases peculiar to 226, 319, 320
Wright, Dr. William, nitrate of silver in the treatment of laryngitis 266

Z.

Zincum met. 200, cure of pterygium crassum by 171
Zymotic diseases, sulphite of lime and soda in the treatment of 253
atmospheric influences in the production of 312, 319